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| Fill in this information to identify your case: | |
|--|---|
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number (# known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

OCT 26 2016

JEFFREY P. ALLSTEADT, CLERK

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|--|--|--|--|--|--|
| 1. | Your full name | | • | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or | Shantini First name Omunique | First name | | |
| | passport). | Middle name | Middle name | | |
| | Bring your picture identification to your meeting with the trustee. | Mullings Last name | Last name | | |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) | | |
| 2. | All other names you | n/a | | | |
| | have used in the last 8 years | First name | First name | | |
| | Include your married or maiden names. | Middle name | Middle name | | |
| | | Last name | Last name | | |
| | | First name | First name | | |
| | | Middle name | Middle name | | |
| | | Last name | Last name | | |
| ingsismen | Para Tabila Tabila Tabila Bara Tabila Tabila Bara Tab | en familia kalanga kalangan salah bengerirah ang ipi delahana ang mana minapakanang kalangan yang selesi selesi na selesi ang mana selesi sele | or to a real confidence that their memore of the absorber out, and a confidence of the confidence of the absorber of the absor | | |
| | your occiai decarity | xxx - xx - <u>1 4 0 0</u> | xxx - xx | | |
| | Individual Taynaver | OR | OR | | |
| Individual Taxpayer Identification number (ITIN) | | 9 xx - xx | 9 xx - xx | | |

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| ebtor 1 Snantini Om First Name Middle N | UNIQUE MUITINGS Tame Last Name | Case number (if known) |
|--|---|--|
| | | |
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Any business names and Employer Identification Numbers (EIN) you have used in | I have not used any business names or EINs. | have not used any business names or EINs. |
| the last 8 years | Business name | Business name |
| doing business as names | Business name | Business name |
| | EIN | EIN |
| | EIN | EIN |
| Where you live | | If Debtor 2 lives at a different address: |
| | 5534 S. Morgan | |
| | Number Street | Number Street |
| | Chicago IL 60621 | |
| | City State ZIP Code | City State ZIP Coo |
| | Cook County | County |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | Number Street | Number Street |
| | P.O. Box | P.O. Box |
| | City State ZIP Code | City State ZIP Code |
| Why you are choosing | степности в пред пред пред пред пред пред пред пред | check one: |
| this district to file for bankruptcy | ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason, Explain. (See 28 U.S.C. § 1408.) |
| | | |
| | | |
| | ************************************** | |

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| Debtor 1 Snantini On First Name Middle | <u>Nunique</u> Name | Wullings Last Name | | | Case number (if | known) | | | |
|---|--|---|---|--|--|---|--|--|--|
| | | | | | | | | | |
| Part 2: Tell the Court Ab | out Your | Bankruptcy | Case | | | | | | |
| 7. The chapter of the Bankruptcy Code you | Check for Bar | one. (For a bri | ief description of each, se 1 2010)). Also, go to the to | ee Not | tice Required by 1 page 1 and check t | 1 U.S.C. § 342(b) for Individuals Filing the appropriate box. | | | |
| are choosing to file under | _ | ☑ Chapter 7 | | | | | | | |
| under | ☐ Ch | apter 11 | | | | | | | |
| | ☐ Ch | apter 12 | | | | | | | |
| | ☐ Ch | apter 13 | | | | | | | |
| 8. How you will pay the fee | local you subtract with I ne App. 21 I re By less pay | al court for murself, you may britting your hapre-printe eed to pay the polication for life quest that may a judge is than 150% of the fee in instance. | nore details about how ay pay with cash, cash payment on your behaled address. The fee in installments individuals to Pay The may, but is not require of the official poverty in the pay to the official poverty in the pay pay when the official poverty in the pay when the official poverty in the pay when the pay | you rier's alf, you fill you fill you fill you may be do to, income the control on the control o | may pay. Typical check, or money our attorney may bu choose this operate of the control of the c | eck with the clerk's office in your ally, if you are paying the fee order. If your attorney is pay with a credit card or check office, sign and attach the ents (Official Form 103A). Identical form 103A). Identical form if your income is a family size and you are unable to exist fill out the Application to Have the with your petition. | | | |
| 9. Have you filed for bankruptcy within the | ☑ No | | | | | | | | |
| last 8 years? | ∟ Yes. | District | 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - | When | MM / DD / YYYY | Case number | | | |
| | | District | | | | Case number | | | |
| | | District | | | | | | | |
| | | District | | When | MM / DD / YYYY | Case number | | | |
| 10. Are any bankruptcy | ☑ No | | | | | | | | |
| cases pending or being filed by a spouse who is | 🔲 Yes. | Debtor | | | | Relationship to you | | | |
| not filing this case with you, or by a business partner, or by an | | District | | When | MM/DD/YYYY | Case number, if known | | | |
| affiliate? | | Debtor | | | | Relationship to you | | | |
| | | | | | | Case number, if known | | | |
| | m 11 systempte 1111 tipes 1 1 1 2, 114 1 1 | | | | MM / DD / YYYY | | | | |
| Do you rent your residence? | ☑ No. ☐ Yes. | Go to line 12 Has your land residence? | | n judg: | ment against you a | and do you want to stay in your | | | |
| | | | | ut an E | Eviction Judgment | Against You (Form 101A) and file it with | | | |

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| Shantini Om First Name Middle No | | e Mullings | · | Case number (if know | w) | |
|---|---|--|---|---|--|-----------------------|
| | | | | | | |
| art 3: Report About Any | Busines | sses You Own as a | Sole Proprietor | | | |
| . Are you a sole proprietor of any full- or part-time | ⊿ No | . Go to Part 4. | | | | |
| business? | ☐ Ye | s. Name and location of | business | | | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or | | Name of business, if any | | | *************************************** | |
| LLC. | | Number Street | | | | |
| if you have more than one sole proprietorship, use a separate sheet and attach it | | MANAGE STATE | - AAAA AAAAA | | | |
| to this petition. | | City | | State | ZIP Code | |
| | | Check the appropriate | box to describe you | ır husiness: | | |
| | | ☐ Health Care Busin | | | | |
| | | | | n 11 U.S.C. § 101(51B) |) | |
| | | ☐ Stockbroker (as de | | | | |
| | | ☐ Commodity Broker | (as defined in 11 U | .S.C. § 101(6)) | | |
| | | ☐ None of the above | • | | | |
| Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | most rea any of the a | appropriate deadlines. I cent balance sheet, stat nese documents do not I am not filing under Chapte the Bankruptcy Code. | ement of operations exist, follow the production apter 11. er 11, but I am NOT | , cash-flow statement, a cedure in 11 U.S.C. § 1 a small business debto | and federal ind 116(1)(B). or according to | come tax return or if |
| | ₩ res. | I am filing under Chapte Bankruptcy Code. | er 11 and I am a sm | ali business debtor acco | ording to the o | definition in the |
| 14: Report if You Own o | r Have | Any Hazardous Pro | erty or Any Pro | perty That Needs Ir | nmediate <i>l</i> | Attention |
| Do you own or have any property that poses or is | ☑ No | | | | | |
| alleged to pose a threat | \square Yes. | What is the hazard? | | | | |
| of imminent and dentifiable hazard to public health or safety? Or do you own any | | | | | | |
| property that needs mmediate attention? | | If immediate attention i | s needed, why is it i | needed? | | |
| For example, do you own perishable goods, or livestock hat must be fed, or a building hat needs urgent repairs? | | | | | | |
| | | Where is the property? | Number Stre | et | | |
| | | | Author Slit | ·VI | | |
| | | | | | | |
| | | | City | | State | ZIP Code |

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Debtor 1

Shantini Omunique Mullings

| Case number (if known) |
|------------------------|
|------------------------|

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| Debtor | |
|--------|--|
| | |
| | |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefling before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| L | J | ı | am | n | ot : | req | uire | ď | to | re | ce | ive | a | br | iefi | ng | ab | out |
|---|---|---|----|---|------|-----|------|---|----|----|----|-----|---|----|------|----|----|-----|
| | | | | | | | elin | | | | | | | | | | | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of: |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| De | ebtor 1 Shantini Omu | unique Mullings | Case number (# | known) | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| | | | | | | | | | |
| P | art 6: Answer These Que | stions for Reporting Purposes | | | | | | | |
| 16 | . What kind of debts do | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | | | |
| you have? No. Go to line 16b. Yes. Go to line 17. | | | | | | | | | |
| | | 16b. Are your debts primarily money for a business or invest | business debts? Business debt tment or through the operation of th | s are debts that you incurred to obtain e business or investment. | | | | | |
| | | No. Go to line 16c.Yes. Go to line 17. | | | | | | | |
| | | 16c. State the type of debts you ow | e that are not consumer debts or b | usiness debts. | | | | | |
| 17 | . Are you filing under Chapter 7? | ☐ No. I am not filing under Chapte | er 7. Go to line 18. | | | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing under Chapter 7. administrative expenses ar No Yes | . Do you estimate that after any exe re paid that funds will be available to | empt property is excluded and o distribute to unsecured creditors? | | | | | |
| 18. | How many creditors do you estimate that you owe? | ✓ 1-49☐ 50-99☐ 100-199☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | | | | | |
| 19. | How much do you estimate your assets to be worth? | ✓ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | | |
| 20. | How much do you estimate your liabilities to be? | ✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion | | | | | |
| Pa | rt 7: Sign Below | ■ \$500,001-\$1 million | ■ \$100,000,001-\$500 million | ☐ More than \$50 billion | | | | | |
| Fo | r you | I have examined this petition, and I correct. | declare under penalty of perjury tha | t the information provided is true and | | | | | |
| | | If I have chosen to file under Chapte of title 11, United States Code. I und under Chapter 7. | r 7, I am aware that I may proceed, erstand the relief available under e | if eligible, under Chapter 7, 11,12, or 13 ach chapter, and I choose to proceed | | | | | |
| | | If no attorney represents me and I dithis document, I have obtained and r | d not pay or agree to pay someone read the notice required by 11 U.S. | who is not an attorney to help me fill out C. § 342(b). | | | | | |
| | | I request relief in accordance with the | e chapter of title 11, United States (| Code, specified in this petition. | | | | | |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in conn with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | | | |
| | | Signature of Debtor 1 | MM/// | re of Debtor 2 | | | | | |
| | | Executed on 10 25 201 | & Execute | d on | | | | | |

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| Debtor 1 | Shantini First Name | Omunique Middle Name | Mullings Last Name | Case number (# known) |
|----------|------------------------|-------------------------|-----------------------|---|
| | | | | |
| | f you are filing | | law allows you, as ar | n individual, to represent yourself in bankruptcy court, but you |

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| be familiar with any state exemption laws that apply. | | | | | | | |
|---|---|--|--|--|--|--|--|
| Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? No Yes | | | | | | | |
| Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? No Yes | | | | | | | |
| Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? No Yes. Name of Person Veronica Eason Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | | |
| By signing here, I acknowledge that I understand the rishave read and understood this notice, and I am aware attorney may cause me to lose my rights or property if I | that filing a bankruptcy case without an do not properly handle the case. | | | | | | |
| Signature of Debtor 1 | Signature of Debtor 2 | | | | | | |
| Date 10 25 2016 MM / DD / YYYY | Date MM / DD / YYYY | | | | | | |
| Contact phone | Contact phone | | | | | | |
| Cell phone $(773)(58-0492)$ | Cell phone | | | | | | |
| Email address Jacatini Mulling 5916/916 | OEmail address | | | | | | |
| | | | | | | | |

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| Debtor 1 | Shantini | Omunique | Mullings | |
|--------------------------------|---------------------|---------------------------|-------------|------------|
| | First Name | Middle Name | Last Name | ********** |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States I Case number | Bankruptcy Court fo | or the: Northern District | of Illinois | |

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your as: | | |
|--|--------------------------------------|-----------------------|--|
| | Your assets Value of what you own | | |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 | |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 800.00 | |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 800.00 | |
| art 2: Summarize Your Liabilities | | | |
| | | abilities tyou owe | |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 | |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 10,000.00 | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$_ | 38,867.00 | |
| Your total liabilities | \$ | 48,867.00 | |
| art 3: Summarize Your Income and Expenses | | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 190.00 | |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,560.00 | |

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Shantini Omunique Debtor 1 Mullings Case number (if known) Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 190.00 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 10,000.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 0.00 9d. Student loans. (Copy line 6f.) 0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as 0.00 priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 0.00

9g. Total. Add lines 9a through 9f.

10,000.00

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| Fill in this information to identify your case and thi | s filing: | | |
|--|--|--|---------------------------------------|
| Debtor 1 Shantini Omunique | Mullings | | |
| First Name Middle Name Debtor 2 | Last Name | | |
| (Spouse, if filing) First Name Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Northern District of | Illinois | | |
| Case number | | C | Check if this is an amended filing |
| Official Form 106A/B | | | |
| Schedule A/B: Propert | У | | 12/15 |
| In each category, separately list and describe item category where you think it fits best. Be as complete responsible for supplying correct information. If m write your name and case number (if known). Answer Part 1: Describe Each Residence, Building, 1. Do you own or have any legal or equitable interested. No. Go to Part 2. | ete and accurate as possible. If two married peoplore space is needed, attach a separate sheet to the ver every question. Land, or Other Real Estate You Own or Have a separate sheet to the very question. | e are filing together, but is form. On the top of a | oth are equally |
| Yes. Where is the property? | | | |
| Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured cl the amount of any secure Creditors Who Have Clair | ed claims on Schedule D: |
| Street address, it available, or other description | ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land | Current value of the entire property? | Current value of the portion you own? |
| | Land Investment property | \$ | \$0.00 |
| City State ZIP Code | Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | | |
| 400 | ☐ Debtor 1 only ☐ Debtor 2 only | | |
| County | Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co (see instructions) | emmunity property |
| | Other information you wish to add about this it property identification number: | | |
| If you own or have more than one, list here: | What is the property? Check all that apply. Single-family home | Do not deduct secured clathe amount of any secure | d claims on Schedule D: |
| 1.2. Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| - Land Control of the | Land | \$ 0.00 | \$ 0.00 |
| | Investment property | Describe the nature of | of vour ownership |
| City State ZIP Code | Timeshare Other | interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | | |
| | Debtor 1 only | | |
| County | Debtor 2 only | D at the state of | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co (see instructions) | mmunity property |
| | Other information you wish to add about this iterproperty identification number: | m, such as local | |

What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Current value of the Current value of the entire property? portion you own? Manufactured or mobile home Land Investment property City ZIP Code ☐ Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by Other_ the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☑ No ☐ Yes Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions, Put the amount of any secured claims on Schedule D: Debtor 1 only Modei: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: 0.00 0.00 ☐ Check if this is community property (see instructions) if you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the entire property? Approximate mileage: portion you own? At least one of the debtors and another Other information: 0.00 0.00 Check if this is community property (see instructions)

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Debtor 1

Doc 1

Omunique

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Case number (it know

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Desc Main

Document Page 12 of 53 Shantini Omunique Mullings Debtor 1 Case number (if known) Middle Name First Name Who has an interest in the property? Check one. Make: 3.3. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00 Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories 2 No ☐ Yes Who has an interest in the property? Check one. 41 Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see 0.00 0.00 instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property.

Year:

Other information:

Debtor 2 only

instructions)

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this is community property (see

Current value of the

0.00

portion you own?

Current value of the

0.00

entire property?

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Debtor 1

Shantini Omunique Mullings Case number (if known)___ First Name

| Do you own or have any k | egal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|---|--|
| Household goods and Examples: Major applian No | furnishings ices, furniture, linens, china, kitchenware | |
| Yes. Describe | | \$ |
| Electronics Examples: Televisions a collections; e | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music lectronic devices including cell phones, cameras, media players, games | |
| No Yes. Describe | | \$ 100.00 |
| | Electronics | ; |
| Examples: Antiques and | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | |
| No Stamp, com, | or paseball card conjections, other concentration, memorability, concentration | \$ 0.00 |
| | ad babbing | |
| Equipment for sports a Examples: Sports, photo and kayaks; | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | |
| ✓ No ☐ Yes, Describe | | \$0.00 |
| Examples: Pistols, rifles, ✓ No ✓ Yes, Describe | shotguns, ammunition, and related equipment | \$\$ |
| 11. Clothes Examples: Everyday clot | thes, furs, leather coats, designer wear, shoes, accessories | ············· |
| Yes. Describe | Clothings | \$500.00 |
| gold, silver | relry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | |
| ☑ No ☐ Yes, Describe, | | \$ |
| is. Non-farm animals <i>Examples:</i> Dogs, cats, b | irds, horses | |
| ☑ No ☐ Yes. Describe | | \$ |
| 4. Any other personal and | I household items you did not already list, including any health aids you did not list | |
| ☑ No ☐ Yes. Give specific | | \$0.00 |
| | all of your entries from Part 3, including any entries for pages you have attached | \$ 800.00 |
| for Part 3 Write that no | | • |

Case 16-34113 Doc 1

Case number (if known)

Debtor 1

Shantini First Name

Omunique Middle Name

Document Mullings

Last Name

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Describe Your Financial Assets

| Do you own or have an | y legal or equitable interest in | n any of the following? | | portion y | uct secured claim |
|---|---|---|----------------------------|-----------|-------------------|
| 16. Cash Evamples: Manay you | u hava in vaur vailat in vaur ha | ma in a safa dawa it i. | | | |
| | a nave in your wailer, in your no | me, in a safe deposit box, and on hand when you f | ile your petition | | |
| ☑ No | | | | | |
| — 168 | | | Cash: | \$ | 0.00 |
| 17. Deposits of money <i>Examples:</i> Checking, and other | savings, or other financial acco | unts; certificates of deposit; shares in credit unions nultiple accounts with the same institution, list each | s, brokerage houses, n. | | |
| ☑ No | | | | | |
| ☐ Yes | | Institution name: | | | |
| | 17.1. Checking account: | | | \$ | 0.00 |
| | 17.2. Checking account: | | | \$ | 0.00 |
| | 17.3. Savings account: | | | \$ | 0.00 |
| | 17.4. Savings account: | | | \$ | 0.00 |
| | 17.5. Certificates of deposit: | 0.7 - 0.0 - 0 | | \$ | 0.00 |
| | 17.6. Other financial account: | | | \$ | 0.00 |
| | 17.7. Other financial account: | 490000000000000000000000000000000000000 | | \$ | 0.00 |
| | 17.8. Other financial account: | | | \$ | 0.00 |
| | 17.9. Other financial account: | | | \$ | 0.00 |
| | or publicly traded stocks investment accounts with brok | erage firms, money market accounts | | | |
| Yes | Institution or issuer name: | | | | |
| | | *************************************** | | \$ | 0.00 |
| | | 7.1 | | \$ | 0.00 |
| | | | | \$ | 0.00 |
| 9. Non-publicly traded s an LLC, partnership, a | tock and interests in incorpo and joint venture | rated and unincorporated businesses, including | g an interest in | | |
| ☑ No | Name of entity: | | 6 of ownership: | | |
| Yes. Give specific information about | t-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | ~ | 0%% | \$ | 0.00 |
| them | | | <u>0%</u> % | \$ | 0.00 |
| | | (|)% _% | ¢ | 0.00 |

Middle Name

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Debtor 1

Shantini First Name

Omunique

Mullings

Last Name

Case number (if known)_

| 20. Government and corp | orate bonds and oth | er negotiable and non-negotiable instruments | | |
|--|---|---|----|------|
| Negotiable instruments | include personal che | cks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them. | | |
| ⊠ No | , | | | |
| Yes. Give specific | issuer name: | | | |
| information about them | | | \$ | 0.00 |
| | | | \$ | 0.00 |
| | | | \$ | 0.00 |
| 21. Retirement or pension | | | | |
| Examples: Interests in | IRA, ERISA, Keogh, 4 | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | | |
| Yes. List each | | | | |
| account separately. | Type of account: | Institution name: | | |
| | 401(k) or similar plan: | | \$ | 0.00 |
| | Pension plan: | | \$ | 0.00 |
| | IRA: | | \$ | 0.00 |
| | Retirement account: | | \$ | 0.00 |
| | Keogh: | | \$ | 0.00 |
| | Additional account: | | \$ | 0.00 |
| | Additional account: | | \$ | 0.00 |
| | | | | |
| 22. Security deposits and | prepayments | | | |
| Your share of all unuse | d deposits you have m | hade so that you may continue service or use from a company | | |
| Examples: Agreements companies, or others | with landlords, prepai | d rent, public utilities (electric, gas, water), telecommunications | | |
| 2 No | | | | |
| ☐ Yes | Ins | stitution name or individual: | | |
| | Electric: | , | \$ | 0.00 |
| | Gas: | | \$ | 0.00 |
| | Heating oil: | | \$ | 0.00 |
| | Security deposit on rer | otal unit: | \$ | 0.00 |
| | Prepaid rent: | | \$ | 0.00 |
| | Telephone: | | \$ | 0.00 |
| | Water: | | \$ | 0.00 |
| | Rented furniture: | | \$ | 0.00 |
| | Other: | | \$ | 0.00 |
| an American (A contract for | u a naviadio | of manageta uses of their for life or for a number of second | | |
| 23. Annuities (A contract to | ir a periodic payment i | of money to you, either for life or for a number of years) | | |
| Yes | Issuer name and des | crintion: | | |
| 163 | 1990CL HALLIE AHO (COS | | \$ | 0.00 |
| | *************************************** | | \$ | 0.00 |
| | | | • | 0.00 |

Case 16-34113 Doc 1 Filed 10/26/16 Entered 10/26/16 11:09:12 Desc Main Document Page 16 of 53 Mullings Omunique Shantini Case number (if known) Debtor 1 First Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). **☑** No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 0.00 0.00 0.00 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ZI No Yes. Give specific 0.00 information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☑ No Yes. Give specific 0.00 information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses 2 No Yes. Give specific 0.00 information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No 0.00 Yes. Give specific information Federal: about them, including whether 0.00 State: you already filed the returns and the tax years..... 0.00 Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Z No ☐ Yes. Give specific information..... 0.00 Alimony: 0.00 Maintenance 0.00 Support: 0.00 Divorce settlement: 0.00 Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

page 7

0.00

Yes. Give specific information.....

Z No

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Debtor 1

Shantini First Name

Omunique

Mullings

Case number (if known)_

| 31. Interests in insurance policies | | | | |
|--|--|--|--|--|
| · | ice; health savings account (HSA | A); credit, homeowner's, or renter's insurance | | |
| 2 No | | | | |
| Yes. Name the insurance company of each policy and list its value | Company name: | Beneficiary: | Surrender of | refund value; |
| of outside party and not to take the | | | \$ | 0.00 |
| | | | \$ | 0.00 |
| | | | \$ \$ | 0.00 |
| and American and Immunosative About the place years | from company who has died | | · · · · · · · · · · · · · · · · · · · | |
| 32. Any interest in property that is due you If you are the beneficiary of a living trust, e property because someone has died. 2 No | expect proceeds from a life insura | ance policy, or are currently entitled to receive | | |
| Yes. Give specific information | | | ************************************** | 0.00 |
| · | | ara ka ka ja manana a ama a a a a a a a a a a a a a | \$ | 0.00 |
| 33. Claims against third parties, whether or Examples: Accidents, employment disputeNo | s, insurance claims, or rights to | | randour rus | |
| Yes. Describe each claim | 3 | | \$ | 0.00 |
| and the state of the state of all the state of all the state of the st | | | ¥ | ······································ |
| 34. Other contingent and unliquidated claim to set off claims 2 No | | ounterclaims of the debtor and rights | | |
| Yes, Describe each claim. | erminal mental meller Neuthal PAN AN A | | _ | 0.00 |
| | | | <u> </u> | 0.00 |
| | | | | |
| 35. Any financial assets you did not already | list | | | |
| ☑ No | | | | |
| Yes. Give specific information | | | \$ | 0.00 |
| | gregori ma mara muni un munimi con contro. Anno de albaera e mentre e e e e e e e e e e e e e e e e e e | | | |
| 36. Add the dollar value of all of your entrie | | ntries for pages you have attached | | 0.00 |
| for Part 4. Write that number here | | | <u> </u> | |
| | | | | |
| | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | tlave on totage & In I igh any | | in Bort 4 |
| Part 5: Describe Any Business- | Related Property You O | wn or Have an Interest In. List any | eai estate | iii Fait ii j |
| 37. Do you own or have any legal or equitab | ole interest in any business-rel | ated property? | | |
| No. Go to Part 6. | | | | |
| Yes. Go to line 38. | | | | |
| | | | Current value | |
| | | | Do not deduct s or exemptions. | |
| 38. Accounts receivable or commissions yo | ou already earned | | | |
| No | | | | |
| Yes. Describe | from management and the first way of the other desired communities are an expected to the extend of the first of the extending of the first of the extending of | | Marry, | 0.00 |
| | the manuscript of the property of the first | and the second s | \$ | 0.00 |
| 39. Office equipment, furnishings, and supp | olies | | | |
| Examples: Business-related computers, software | e, modems, printers, copiers, fax mac | hines, rugs, telephones, desks, chairs, electronic device | s | |
| ☑ No | and a supplied of the supplied | | | 0.00 |
| Yes, Describe | | | \$ | 0.00 |
| | | | | |

Shantini Omunique Debtor 1 Case number (if known) 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ₩ No ☐ Yes. Describe.... 0.00 41. Inventory ☑ No Yes. Describe... 0.00 42. Interests in partnerships or joint ventures ☑ No Yes. Describe...... Name of entity: % of ownership: 0.00 0.00 0.00 43. Customer lists, mailing lists, or other compilations √ No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No Yes. Describe..... 0.00 44. Any business-related property you did not already list ₩ No Yes. Give specific information 0.00 0.00 0.00 0.00 0.00 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here 0.00 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? Mo. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☑ No ☐ Yes..... 0.00

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Page 19 of 53 Document Shantini Omunique Mullings Debtor 1 Case number (it known) Middle Name 48. Crops-either growing or harvested **2** No Yes. Give specific information... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade 2 No ☐ Yes..... 0.00 50. Farm and fishing supplies, chemicals, and feed ZI No ☐ Yes..... 0.00 51. Any farm- and commercial fishing-related property you did not already list ☑ No Yes. Give specific information..... 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ZI No ☐ Yes. Give specific 0.00 information..... 0.00 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here 0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 0.00 0.00 56. Part 2: Total vehicles, line 5 800.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 0.00 800.00

62. Total personal property. Add lines 56 through 61.

63. Total of all property on Schedule A/B. Add line 55 + line 62....

800.00

800.00

Copy personal property total -> + \$

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| Fill in this information to identify your case: | | | | | | |
|---|---------------------|-----------------------------|------------|---|--|--|
| Debtor 1 | Shantini | Omunique | Mullings | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | <u> </u> | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States I | Bankruptcy Court fo | or the: Northern District o | f Illinois | 1 | | |
| Case number (if known) | | | | | | |
| | | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify th | e Property | You Claim | as Exempt |
|---------|-------------|------------|-----------|-----------|
| | | , , | | |

| 1. | . Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | | |
|----|---|---|---|--|------------------------------------|--|--|--|--|--|
| | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | | |
| 2. | For any proper | ty you list on <i>Schedule A/B</i> tl | nat you claim as exem | pt, fill in the information below. | | | | | | |
| | | on of the property and line on that lists this property | Current value of the Amount of the exemption you oportion you own | | Specific laws that allow exemption | | | | | |
| | | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | | | | |
| | Brief description: | Furnishing | \$ 200.00 | ☑ \$ 200.00 | 735 ILCS 5/12-1001(b) | | | | | |
| | Line from Schedule A/B: | 6 | | any applicable statutory limit | | | | | | |
| | Brief description: | Electronics | \$ 100.00 | Ø \$ 100.00 ☐ 100% of fair market value, up to | 735 ILCS 5/12-1001(b) | | | | | |
| | Line from Schedule A/B: | 7 | | any applicable statutory limit | | | | | | |
| | Brief description: | Clothings | \$ 500.00 | 2 \$ 500.00 □ 100% of fair market value, up to | 735 ILCS 5/12-1001(a) | | | | | |
| | Line from Schedule A/B: | 11 | | any applicable statutory limit | | | | | | |
| 3. | | ng a homestead exemption of | | | | | | | | |
| | , , | stment on 4/01/19 and every 3 | years after that for case | s filed on or after the date of adjustment.) | | | | | | |
| | No Did you | Lacquire the property covered l | ov the exemption within | 1,215 days before you filed this case? | | | | | | |
| | ☐ No | a acquire the property covered t | by the exemption within | 1,210 days before you med this case: | | | | | | |

Yes

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| Fill in this information to identify your | case: | | | |
|---|--|--|---|--|
| | munique Mullings | | | |
| First Name Mill Debtor 2 | ddle Name Last Name | | | |
| (7) | ddie Name Last Name | | | |
| United States Bankruptcy Court for the: North- | ern District of Illinois | | | |
| Case number(if known) | | | | r- 10 W |
| | | | | k if this is an |
| Official Form 106D | | | | |
| | | | | |
| | ors Who Have Claims Secui | | | 12/15 |
| Be as complete and accurate as possib | ole. If two married people are filing together, both are | equally responsible | for supplying corre | ect |
| additional pages, write your name and | | , and attach it to this | form. On the top of | of any |
| Do any creditors have claims secured | d by your proporty? | | | |
| No. Check this box and submit this f | o by your property? form to the court with your other schedules. You have not | ning else to report on | thia farrer | |
| Yes. Fill in all of the information belo |)W. | ing else to report on | this form. | |
| | | | | |
| Part 1: List All Secured Claims | | | | |
| 2. List all secured claims. If a creditor has | s more than one secured claim, list the creditor separately | Column A | Column B | Column C |
| for each claim. If more than one creditor | I has a particular claim, list the other creditors in Doct 2 | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| ******* | Iphabetical order according to the creditor's name. | value of collateral. | claim | If any |
| 2.1 | Describe the property that secures the claim: | s 0.00 | s 0.00 | 0.00 |
| Creditor's Name | | | • | - \$ |
| Number Street | | | | |
| 4.00 | As of the date you file, the claim is: Check all that apply | | | |
| | Contingent | • | | |
| City State 7IP Code | ☐ Unliquidated | | | |
| otato Eli Goda | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit | | | |
| (mg | Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | | _ | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| .2] | Describe the property that secures the claim: | s 0.00 | A AA | THE ACCOUNTS OF SHIP A COMMUNICATION OF SHIP AND A SHIP |
| Creditor's Name | - Describe the property that secures the claim: | \$0.00 | \$ | \$0.00 |
| | | | | |
| Number Street | | - The state of the | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Add the dollar value of your entries in | Column A on this page. Write that number here: | \$0.00 | POPPA, miller M. Principes (coloridate de Chile Hold Longie (color) Preparativações (coloridates) | Dissolutions of Common Section (Company) |

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| | | | | | Document | Page 22 01 53 | | | | | |
|----------------|--|--|-------------------------------|--|--|--|--------------------------|-----------------------------------|---------------------------------|--------------------|---------|
| Fill i | n this ir | iformation to | identify your | case: | | | | | | | |
| | | Oh andini | 0 | | Mullings | | | | | | |
| Debte | or 1 | Shantini First Name | | unique | Mullings Last Name | | | | | | |
| m - 6.4 | 2 | rist idnie | IV | indic Menic | Last Name | | | | | | |
| Debte (Spou | | First Name | M | liddle Name | Last Name | Accordance for the second seco | | | | | |
| | | | | Di-t-i-t | -610::- | | | | | | |
| Unite | d States | Bankruptcy Cour | t for the: Norti | nem District | of Hilnois | | | | Cho. | ck if this | ie on |
| Case | number | | | | | | | | | nded fili | |
| (If kno | own) | | | | | | | | anic | naca iin | 9 |
| ~ tt: | . ! . ! . | 400 | ` / | | | | | | | | |
| <u>Omi</u> | ciai i | Form 106 | DE/F | | | | | | | | |
| Scl | hedi | ule E/F: | Credi | tors V | Tho Have U | Unsecured Cl | aims | ; | | 12 | /15 |
| | | | | | | | | | VONDOVODY | 77.4 - 1 - 1 - 1 | |
| Be as | comple | te and accura | te as possib | ie. Use Part | 1 for creditors with | PRIORITY claims and Part t could result in a claim. A | t 2 tor cre | ditors with | NONPRIORI | i Y claim | s. |
| A/R · F | ropertv | Official Form | n 106A/B) an | d on Sched | ule G: Executory Co | ntracts and Unexpired Lea | ses (Offi | cial Form 10 | 06G). Do not | include | anv |
| credit | ors with | partially secu | ured claims (| hat are liste | ed in Schedule D: Cr | editors Who Have Claims | Secured | by Property. | . If more spa | ce is | |
| | | | | | | xes on the left. Attach the | Continua | ition Page to | this page. | On the to | p of |
| any ac | dditiona | l pages, write | your name a | and case nu | mber (if known). | | | | | | |
| Part | 1: Lis | st All of You | r PRIORITY | / Unsecur | ed Claims | | | | | | |
| | | | | | | | | | | | |
| 1. Do | any cr | editors have p | riority unsec | cured claim | s against you? | | | | | | |
| | No. Go | to Part 2. | | | | | | | | | |
| √ | Yes. | | | | | | | | | | |
| 2. Lis | st all of | your priority (| unsecured cl | aims. If a cr | editor has more than | one priority unsecured claim | i, list the d | reditor separ | ately for eac | h claim. F | or |
| ea | ch claim | listed, identify | what type of | claim it is. If | a claim has both prio | rity and nonpriority amounts, | list that o | laim here an | d show both | priority as | nd |
| no | npriority | amounts. As n | nuch as poss | ible, list the (| ciaims in alphabetical Part 1: If more than o | order according to the credit ne creditor holds a particular | tors name r claim lis | s. If you nave it the other cr | e more than t reditors in Pa | wa prionij rt 3 | у |
| | | | | = | | m in the instruction booklet.) | | | COMOID III I | ., 0. | |
| 1:1 | JI ati CX | platfation of ear | cirtype or cia | iiii, see tiie i | | m m mo mondonom bookon, | | otal claim | Priority | Молп | riority |
| | | | | | | | • | 0.00 | amount | amou | - |
| 2.1 | | | | | | | _ | | | | |
| | Interna | I Revenue S | Services | | Last 4 digits of acc | ount number 1 4 0 | 0 \$_ | <u> 10,000.00</u> | \$_10,000_ | \$ | 0.00 |
| | • | iitor's Name ment Of The | a Traceury | | When was the deb | tincurred? 01/01/2013 | 3 | | | | |
| | lumber | Street | e rreasury | | When was the deb | i iliculted? Ononizore | • | | | | |
| ,, | | O.J.C.C. | | | As of the date year | file, the claim is: Check all the | at anniv | | | | |
| Ī | Fresno | 1 | CA 9 | 3888 | - | me, the claim is. Oneon all are | at appry. | | | | |
| | ity | | | ZIP Code | Contingent | | | | | | |
| ٧ | Vho incu | rred the debt? | Check one. | | Unliquidated Disputed | | | | | | |
| Ç | Debtor | 1 only | | | Ca Disputed | | | | | | |
| - | Debtor | | | | Type of PRIORITY | unsecured claim: | | | | | |
| | Debtor | 1 and Debtor 2 | only | | Domestic suppor | t obligations | | | | | |
| Ü | At leas | t one of the debt | ors and anothe | r | | n other debts you owe the govern | nment | | | | |
| Ę | Checi | cif this claim is | for a commu | unity debt | | or personal injury while you were | | | | | |
| le | s the rla | im subject to o | ffset? | | Intoxicated | p,, | | | | | |
| - | D No | , | | | Other, Specify | | | | | | |
| | Yes | | an a man managan da sinte | | | والمساورة والمعاولة والمساورة والمساورة والمساورة والمراورة والمساورة والمساورة والمساورة والمساورة والمساورة | | | | | |
| 2.2 | manum Europe (ACM) A A A MINISTER PRO- | and the second of the second o | anero cumum-messente barjonte | against ann amhair, ann gheòladh a' na Cheannach | | ount number | | | \$ 0.0 |) <u> </u> | 0.00 |
| | riority Crec | litor's Name | | | | | \$ <u>-</u> | | \$ | \$ | |
| | • | | | | When was the debt | t incurred? | <u>-</u> | | | | |
| N | iumber | Street | | | As of the date you | file, the claim is: Check all tha | st annly | | | | |
| _ | | | | | · | me, the claim is. Check as the | st abbili | | | | |
| | | | | | Contingent | | | | | | |
| | ity | | | ZIP Code | UnliquidatedDisputed | | | | | | |
| | _ | irred the debt? | Check one. | | r)isputed | | | | | | |
| | Debtor | • | | | Type of PRIORITY | unsecured claim: | | | | | |
| | Debtor | - | l | | Domestic suppor | t obligations | | | | | |
| | | 1 and Debtor 2 | = | _ | Taxes and certain | n other debts you owe the govern | nment | | | | |
| | | t one of the debt | | | | or personal injury while you were | | | | | |
| | ■ Checl | (if this claim is | s for a commu | inity debt | intoxicated | | | | | | |
| ls | s the cla | im subject to o | ffset? | | Other, Specify | | | | | | |
| Ç | ☐ No | | | | | | | | | | |
| Г |) Yes | | | | | | | | | | |

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Debtor 1

Part 2:

| List All of Your NONPRIORITY Unsecured Cla |
|--|
|--|

| 3. | Do any creditors have nonpriority unsecured claims against yo No. You have nothing to report in this part. Submit this form to the Yes | | |
|----|--|--|-------------|
| | nonpriority unsecured ciains, list the cleditor separately for each clair | order of the creditor who holds each claim. If a creditor has more than one m. For each claim listed, identify what type of claim it is. Do not list claims already list the other creditors in Part 3.If you have more than three nonpriority unsecure | y ed |
| | | Total claim | |
| .1 | Verizon Wireless | Last 4 digits of account number 1 4 0 0 | 14 |
| | Nonpriority Creditor's Name | - s 918.0 | 00 |
| | P O BOX 49 | When was the debt incurred? 02/01/2015 | |
| | Number Street Lakeland FL 33802 | | |
| | City State ZiP Code | As of the date you file, the claim is: Check all that apply. | |
| | | ☐ Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☑ No ☐ Yes | Other, Specify <u>Cellular</u> | |
| | Creditor Discount & A Nonpriority Creditor's Name | Last 4 digits of account number $\frac{1}{12/01/2012}$ \$\frac{315.0}{0}\$ | 0_ |
| | 415 E Main St | | - |
| | Number Street | An after date of the second | |
| | Streator IL 61364 City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | , 5335 | Contingent | |
| | Who incurred the debt? Check one. ✓ Debtor 1 only | Unliquidated Disputed | : |
| | Debtor 2 only | us Disputed | 1 |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | - |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | Is the claim subject to offset? | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | ₩ No | Other Specify Collection Account | 1 |
| | ☐ Yes | | j |
| | Franklin Collection Sv | A. (45 - 1800), program and the program of the prog | Amanaro |
| | Nonpriority Creditor's Name | Last 4 digits of account number 1 4 0 0 \$ 134.00 | 0 |
| | 2978 W Jackson St | When was the debt incurred? 06/01/2016 | 1 |
| | Number Street | | 1 |
| | Tupelo MS 38801 City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | Who incurred the debt? Check one | ☐ Contingent | |
| | ✓ Debtor 1 only | Unliquidated | 1 |
| | Debtor 2 only | ☐ Disputed | 1 |
| | Debtor 1 and Debtor 2 only | Tune of MONROLOPITY and a second old in |] |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | - |
| i | ☐ Check if this claim is for a community debt | Student loans Obligations arising out of a separation agreement or divorce | 1 |
| | s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 1 |
| | No | Debts to pension or profit-sharing plans, and other similar debts | 7 |
| | Yes | Other. Specify Collection Account | |
| | | | |

Debtor 1

Shantini First Name

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Case number (if known)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| listing any entries on this page, r | number the | em beginning with | n 4.4, followed by 4.5, and so forth. | Total cla |
|--|---|---|--|-----------------|
| Torres Credit SRV | | *************************************** | Last 4 digits of account number 1 4 0 0 | s <u>495.</u> (|
| Nonpriority Creditor's Name 27 Fairview St STE 301 | | | When was the debt incurred? $01/01/2016$ | |
| lumber Street Carlisle | PA | 17015 | As of the date you file, the claim is: Check all that apply. | |
| Dity | State | ZIP Code | Contingent Unliquidated | |
| Who incurred the debt? Check one. Debtor 1 only | | | Disputed | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anoth | | | Type of NONPRIORITY unsecured claim: Student loans | |
| ☐ Check if this claim is for a comm | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? ☑ No ☑ Yes | | | Other. Specify Collection Account | |
| Acorn Property Management | eerinooniii siirateerinoo , * ir moo *e | ng yer saygerin in salambik kutasa (1997). A kumahikit salah | Last 4 digits of account number $\frac{1}{4}$ $\frac{0}{0}$ | \$ 3,305 |
| lonpriority Creditor's Name 1819 W. Grand Ave | | | When was the debt incurred? $\frac{12/02/2015}{12/02/2015}$ | |
| lumber Street Chicago | IL | 60622 | As of the date you file, the claim is: Check all that apply. | |
| ity | State | ZIP Code | Contingent | |
| Vho incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only | | | · | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ., | | Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for a comm s the claim subject to offset? | unity debt | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Rental/Lease | |
| ☑ No ☑ Yes | | | other, specify - Contract 2000 | |
| intermentaletististeristeristeristeristeristerister | Argumi (vic. Apt specials agint) | ymas og symmologisky, en i "introffice (E. 1888-1817). Meg (NA)Wi | Last 4 digits of account number 1 4 0 0 | s300 |
| Comcast Ionpriority Creditor's Name | | | When was the debt incurred? 10/01/2016 | |
| O BOX 3002 | | | | |
| Southeastern | | | As of the date you file, the claim is: Check all that apply. | |
| ity | State | ZIP Code | Contingent Unliquidated | |
| Vho incurred the debt? Check one. | | | ☐ Disputed | |
| Debtor 1 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Student joans | |
| At least one of the debtors and another | er | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a comm | unity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? ☑ No ☑ Yes | | | Other Specify Cable | |

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Debtor 1

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| er listing any entries on this page, | number ti | hem beginning wit | h 4.4, followed by 4.5, and so forth. | Total claim | |
|---|--|--|---|--|--|
| Bank Of America Bankruptcy Nonpriority Creditor's Name P O BOX 15168 | | | Last 4 digits of account number 1 4 0 0 | s 3,000.00 | |
| | | | When was the debt incurred? 10/01/2016 | \$ 3,000.00 | |
| Number Street | | 10850 | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | State | ZIP Code | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Bank | | |
| Laflin Apartment Nonpriority Crefitor's Name | et a' ta t tage may agriff of give als | e germente germander germente | Last 4 digits of account number 1 4 0 0 | \$_4,000.00 | |
| 1512 W. 79th St | | | When was the debt incurred? 10/01/2016 | | |
| Chicago | IL. | 60620 | As of the date you file, the claim is: Check all that apply. | | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | ZIP Gode | Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| No No | 200 mg - 200 | | Other. Specify Rental/Lease | | |
| Ionpriority Creditor's Name 5391 Sprint Parkway | | | Last 4 digits of account number 1 4 0 0 | \$ 400.00 | |
| | | | When was the debt incurred? 10/01/2016 | | |
| Overland Park | KS State | 66251 ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | nity debt | | □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Cellular | The second secon | |
| | Bank Of America Bankruptcy Nonprority Creditor's Name P O BOX 15168 Number Street Wilmington City Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Is the claim subject to offset? No Yes Laflin Apartment Nonpriority Creditor's Name 1512 W. 79th St Number Street Chicago City Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Check if this claim is for a community of the debtors and another Chicago City Who incurred the debt? Check one. Check if this claim is for a community of the debtors and another Check if this claim is for a community of the debtors and another Check if this claim is for a community of the debtors and another Check if this claim is for a community of the claim subject to offset? No Yes Sprint Wireless Nonpriority Creditor's Name 6391 Sprint Parkway Number Street Overland Park City Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another | Bank Of America Bankruptcy Nonpriority Creditor's Name POBOX 15168 Number Street Wilmington DE City State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Laflin Apartment Nonpriority Creditor's Name 1512 W. 79th St Number Street Chicago IL City State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Check if this claim is for a community debt is the claim subject to offset? No Check if this claim is for a community debt is the claim subject to offset? No Yes Sprint Wireless Sprint Wireless Nonpriority Creditor's Name 6391 Sprint Parkway Number Street Overland Park KS City State Who incurred the debt? Check one. | Bank Of America Bankruptcy Nonpriority Creditor's Name P O BOX 15168 Number Street Wilmington DE 19850 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Lafflin Apartment Nonpriority Creditor's Name 1512 W. 79th St Number Street Chicago IL 60620 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Mo Yes Sprint Wireless Nonpriority Creditor's Name 6391 Sprint Parkway Number Street Chy State ZIP Code Who incurred the debt? Check one. Debtor 1 only Street Sprint Wireless Nonpriority Creditor's Name 6391 Sprint Parkway Number Street Chy State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 land Debtor 2 only At least one of the debtors and another | Nonprisery Coeders is hanne PO B BOX 15168 | |

Debtor 1

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| Afte | er listing any entries on this page, number ther | n beginning wit | h 4.4, followed by 4.5, and so forth. | Total claim | |
|------|--|---|---|-------------|--|
| 5.1 | ComEd | | Last 4 digits of account number 1 4 0 0 | \$500.00 | |
| | Nonpriority Creditor's Name P O BOX 6111 | | When was the debt incurred? 10/01/2016 | | |
| | Number Street Carol Stream IL | 60197 | As of the date you file, the claim is: Check all that apply. | | |
| | City State | ZIP Code | Contingent Unliquidated | | |
| | Who incurred the debt? Check one. | | Disputed | | |
| | Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | Student loans | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | • | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? ✓ No ☐ Yes | | ☑ Other. Specify <u>Utility</u> | | |
| 5.2 | gan yangamen ananggan serenggahang sa selemba senara senara dalah bandan saasiud ahar sebas a sa sa sa | a an thair - a ad ad allamadellar na eachana aidh an ch | Last 4 digits of account number 1 4 0 0 | s 500.00 | |
| | Peoples Gas Nonpriority Creditor's Name | ************************************** | 40/04/0040 | <u> </u> | |
| | 200 E Randolph St | | When was the debt incurred? 10/01/2016 | | |
| | Number Street Chicago IL. | 60620 | As of the date you file, the claim is: Check all that apply. | | |
| | City State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | ☐ Unliquidated☐ Disputed | | |
| | ☑ Debtor 1 only | | □ Disputed | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? ✓ No ☐ Yes | | ☑ Other. Specify <u>Utility</u> | | |
| 5.3 | (мы з подмен у установо постанова в постанова на станова в постанова в постанова | ererame tura visita que esterrir e el vere e | Last 4 digits of account number 1 4 0 0 | \$0.00 | |
| | Secretary Of State Nonpriority Creditor's Name | | 40/04/0040 | | |
| | 2701 S. Dirksen Parkway | v===4========== | When was the debt incurred? 10/01/2016 | | |
| | Number Street Springfield IL | 62723 | As of the date you file, the claim is: Check all that apply. | | |
| | City State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | Unliquidated Disputed | | |
| | ☑ Debtor 1 only | | | | |
| | Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | Student loans | | |
| | _ | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? ☑ No □ Yes | | ☑ Other, Specify Notice Only | | |

Debtor 1

Shantini First Name

Omunique Middle Name

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Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| listing any entries on this page, r | umber the | em beginning witl | 1 4.4, followed by 4.5, and so forth. | Total cla | |
|---|------------------------------|--|---|-----------|--|
| City Of Chicago Dept. Of Finance Nonpriority Creditor's Name P O BOX 4641 | | | Last 4 digits of account number 1 4 0 0 | s_15,000 | |
| | | | When was the debt incurred? $\frac{10/01/2016}{}$ | | |
| vumber Street | IL | 60680 | As of the date you file, the claim is: Check all that apply. | | |
| Chicago _{Dity} | IL_ State | ZIP Code | Contingent | | |
| | | | Unliquidated | | |
| Who incurred the debt? Check one. | | | Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ar. | | Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a comm | unity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? | | | Other. Specify_Tickets, Fines & Fees | | |
| ☑ No ☑ Yes | | | | | |
| Trans Union Bankruptcy Dep | t, | ong ang pangkang at tipakanan kananan ang atawa at an | Last 4 digits of account number 1 4 0 0 | \$ | |
| Ionpriority Creditor's Name | | | When was the debt incurred? 10/01/2016 | | |
| P O BOX 1000 lumber Street | | | | | |
| Chester | PA | 19022 | As of the date you file, the claim is: Check all that apply. | | |
| ity | State | ZIP Code | Contingent | | |
| Vho incurred the debt? Check one. | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | Student loans | | |
| At least one of the debtors and anothe | er | | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a comm | unity deht | | you did not report as priority claims | | |
| | unity dobt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? No | | | ✓ Other Specify Notice Only | | |
| 2 No 2 Yes | | | | | |
| Certegy Check Service | an inga igapatan menangi dar | ga a kangangu ang pangulu ang malang na mangang malang mangang mangang mangang mangang mangang mangang mangang | Last 4 digits of account number 1 4 0 0 | \$(| |
| onpriority Creditor's Name | | | - When was the debt incurred? 10/01/2016 | | |
| P.O. Box 30046 | | | When was the debt incurred? 10/01/2016 | | |
| umber Street Fampa | FL | 33630 | As of the date you file, the claim is: Check all that apply. | | |
| ity | State | ZIP Code | Contingent | | |
| | | | Unliquidated | | |
| Who incurred the debt? Check one. | | | ☐ Disputed | | |
| Debtor 1 only | | | Tune of MONDDIODITY measured element | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Deptor 1 and Deptor 2 only At least one of the debtors and anothe | r | | Student loans | | |
| _ | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a commi | unity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? | | | ☑ Other. Specify Notice Only | | |
| 1 No | | | | | |

Debtor 1

Omunique

Document

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Case number (d known)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| r listing any entries on this page, number the | m beginning witl | h 4.4, followed by 4.5, and so forth. | Total c | |
|--|---|---|---------|--|
| Chex System | | Last 4 digits of account number 1 4 0 0 | s(| |
| Nonpriority Creditor's Name 7805 Hudson Rd | | When was the debt incurred? 10/01/2016 | | |
| Number Street | | As of the date you file, the claim is: Check all that apply. | | |
| Woodberry MN City State | 55125 ZIP Code | | | |
| City State | ZIP Code | ☐ Contingent ☐ Unliquidated | | |
| Who incurred the debt? Check one. | | ☐ Disputed | | |
| Debtor 1 only | | | | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | | Student loans | | |
| | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Li Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? ☑ No | | ☑ Other Specify Notice Only | | |
| ¥2 No ☑ Yes | | | | |
| Equifax Bankruptcy Dept. | esseggers en en en engang integré libit ya ming ama at a a parama | Last 4 digits of account number 1 4 0 0 | \$ | |
| Nonpriority Creditor's Name P.O. Box 740241 | - | When was the debt incurred? 10/01/2016 | | |
| lumber Street | | As of the date you file, the claim is: Check all that apply. | | |
| Atlanta GA City State | 30374 ZIP Code | Contingent | | |
| ory State | Zir Code | ☐ Unliquidated | | |
| Who incurred the debt? Check one. | | Disputed | | |
| Debtor 1 only | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | Student loans | | |
| | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? ★ | | ☑ Other, Specify Notice Only | | |
| ☑ No ☑ Yes | | | | |
| Experian Bankruptcy Dept. | dealthy for complete and American for Personal | Last 4 digits of account number 1 4 0 0 | \$ | |
| Ionpriority Creditor's Name | | When was the debt incurred? 10/01/2016 | | |
| P.O. Box 2002 lumber Street | | | | |
| Allen TX | 75013 | As of the date you file, the claim is: Check all that apply. | | |
| ity State | ZIP Code | Contingent | | |
| Vho incurred the debt? Check one. | | ☐ Unliquidated ☐ Disputed | | |
| Debtor 1 only | | ■ Disputed | | |
| Debtor 2 only | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | Student loans | | |
| At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that | | |
| ☐ Check if this claim is for a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? | | Other Specify Notice Only | | |
| √ No | | | | |
| ☐ Yes | | | | |

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Case number (if known)

Debtor 1

Omunique Middle Name

Dacument

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| usung any entries on this page | , number th | em beginning wil | th 4.4, followed by 4.5, and so forth. | Total | |
|--|--|---|---|---------------|--|
| Frank Auto | | | Last 4 digits of account number 1 4 0 0 | s 10,00 | |
| Nonpriority Creditor's Name 7337 W. 87th Street | | | When was the debt incurred? 10/01/2016 | ~ | |
| Number Street Bridgeview | IL | 60455 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check one | | | Unliquidated | | |
| Debtor 1 only | | | ☐ Disputed | | |
| Debtor 2 only | | | Type of NONDDIODITY unsequeed claims | | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| At least one of the debtors and anot | ther | | Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a com | munity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| s the claim subject to offset? | | | Other. Specify Automobile | | |
| Ø No ☑ Yes | | | | | |
| ding mangang ting ing paggara by Sparie form on a commonwood of a a cost not on the separation (1904) (1904) | and and any or the state of the | 5 is Mayanina мараку стіні менді і тін чі і і і і і і і і і і і і і і і і і | Last 4 digits of account number | S | |
| lonpriority Creditor's Name | | 44,- | When was the debt incurred? | Ψ | |
| umber Street | | | - | | |
| | | | As of the date you file, the claim is: Check all that apply. | | |
| ity | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | | |
| Debtor 1 only | | | war Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | Student loans | | |
| At least one of the debtors and anoth | ner | | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a comm | nunity debt | | you did not report as priority claims | | |
| | | | Debts to pension or profit-sharing plans, and other similar debts | | |
| the claim subject to offset? | | | Other. Specify | | |
| I No I Yes | | | | | |
| and the second | Table 6 Taylor demonstrative and a second | er militative. Italia Planas van den samulugunganas vi | Last 4 digits of account number | \$ | |
| onpriority Creditor's Name | | | When was the debt incurred? | | |
| umber Street | | ************************************** | As of the date you file, the claim is: Check all that apply. | | |
| у | State | ZiP Code | Contingent | | |
| ho incurred the debt? Check one. | | | Unliquidated | | |
| | | | ☐ Disputed | | |
| Debtor 1 only Debtor 2 only | | | Type of MONDRIORITY upge gired elemen | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| At least one of the debtors and anoth | er | | Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a comm | nunity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| the claim subject to offset? | | | Other. Specify | | |
| No | | | | | |

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Case number (if know

Debtor 1

Shantini First Name

Omunique

Document

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| Cook Law Magistrat | e | ************************************** | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
|--|---|--|--|--|--|
| 50 W Washington S | t. Richard J Da | ilev Ctr | Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | , | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Chicago | <u>IL</u> | 60680 | Last 4 digits of account number 0 9 9 8 | | |
| City | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Name | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| City | State | ZIP Code | Last 4 digits of account number | | |
| ошиминдүүүүүнү күчүү канамучаша куашаруучиш өсөчүүкөчү | POPULATION OF THE STATE OF THE | Health Mark View Control of Selling Highlight A | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Name | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | ······································ | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | | · Markhan share ann ha bhan barr bhan han mar barr san h | Last 4 digits of account number | | |
| Dity nodianova, on comment of the second of the second | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Name | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | *************************************** | | Last 4 digits of account number | | |
| City Strong Arrange Arrange Strong Control Co | State | ZIP Code | | | |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured | | |
| | | ······································ | Claims | | |
| City Compared to the compared | State | ZIP Code | Last 4 digits of account number | | |
| lame | | and and the action of the acti | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| Vumber Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Dity udgadi specija je projem kat kojižnjo živa arakaja kiji rijaja, silikida jih a žihulijovika kempanokum ka | State State | ZIP Code | Last 4 digits of account number | | |
| lame | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| lumber Street | | *************************************** | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| Sity | State | ZIP Code | Last 4 digits of account number | | |
| | | | | | |

Debtor 1

Shantini First Name

Omunique Middle Name

ресивent Last Name

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Case number (# known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | Total claim |
|--------------|--|------------------------------|
| Total claims | 6a. Domestic support obligations | 6a. <u>\$</u> 0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | e 6b. _{\$10,000.00} |
| | 6c. Claims for death or personal injury while y intoxicated | 6c. \$ |
| *: | 6d. Other. Add all other priority unsecured claims Write that amount here. | 6d. + s 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. <u>\$</u> 10,000.00 |
| | | Total claim |
| Total claims | 6f. Student loans | 6f. \$0.00 |
| from Part 2 | 6g. Obligations arising out of a separation agr or divorce that you did not report as priorit claims | |
| | 6h. Debts to pension or profit-sharing plans, a similar debts | 6h. _{\$} 0.00 |
| | Other. Add all other nonpriority unsecured cla Write that amount here. | aims. 6i. + \$ 38,867.00 |
| • | | |

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| Fill in th | nis information to ider | itify your case: | | |
|------------------------|--|--|--|--|
| | Shantini | | Mullings | |
| Debtor | Snanuni First Name | Omunique Middle Name | Mullings Last Name | |
| Debtor 2 (Spouse If | filing) First Name | Middle Name | Last Name | |
| United St | tates Bankruptcy Court for | the: Northern District of | f Illinois | |
| Case nur (if known) | | | | ☐ Check if this is an |
| (II KIIOWII) | | | | amended filing |
| O. (C) . | · - 4000 | | | |
| | al Form 106G | | | |
| Sche | edule G: Ex | ecutory Co | ntracts and | d Unexpired Leases 12/15 |
| informati | on. If more space is n | | tional page, fill it out, r | ogether, both are equally responsible for supplying correct umber the entries, and attach it to this page. On the top of any |
| 4 1 | No. Check this box and | | ourt with your other sche | edules. You have nothing else to report on this form. |
| | | | | re listed on Schedule A/B: Property (Official Form 106A/B). |
| exan | | | | tract or lease. Then state what each contract or lease is for (for m in the instruction booklet for more examples of executory contracts and |
| Dare | on or company with w | vhom you have the co | ontract or lease | State what the contract or lease is for |
| | ion or company with a | moni you nave the ce | induction loads | State what the contract of lease to lea |
| 2.1 | | | | _ |
| Name | e | | | |
| Num | ber Street | | | |
| City | | State ZIP Code | ************************************** | - |
| 2.2 | a a garagan garaga ang dia mana milih 1965 ang 1985 ang 20 min mahaga 8 da | and the second | | The second secon |
| Name | e | | | _ |
| Numl | ber Street | marker Ala Aldrick (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) | | |
| City | | State ZIP Code | | _ |
| 2.3 | ENALOS SONIES E ANTARAS SONIANAS SONO E ANTONIANAS ES NO ANTONIANAS ES NO ANTONIANAS ES SONIANAS EN SONIANAS E | and the second s | omples of engineers are secured, it was present as a finite of the environment of the env | |
| Name | е | - | | nus. |
| Numi | ber Street | | | |
| Cíty | | State ZIP Code | | |
| 2.4 | видуны в Самынгонай деректория по при страна выстранения по при страна выменя в под при страна выменя в под пр | STATE LIFE COURT AND | * 10.5 merken * 10.5 merket seminelmbethätige il Haman häld här franströra | aguan, ku ta da mara mengang tanggang gerenangan di keri Siri Siri Siri Siri Salahan Mangang Paga di kadapat Siri Angah Balan Japan Manamara di Selahan Seban Manamara da Seban Manamara da Selahan Seban Manamara da Seban Manamara da Selahan Seban Manamara da Se |
| Name | 2 | | | _ |
| Numi | ber Street | | | |
| | ~ · · · · · · · · · · · · · · · · · · · | 0144 | | _ |
| City 2.5 | BANG PERMANANTAN PERMANAN PER | State ZIP Code | e i i i i i i i i i i i i i i i i i i i | |
| Name | 3 | | | _ |
| Numl | ber Street | | | |
| | J. J | | | |
| City | | State ZIP Code | | |

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| Fill in this in | formation to ide | ntify your case: | |
|---------------------------|---------------------|---------------------------------------|---------------------------|
| Debtor 1 | Shantini | Omunique | Mullings |
| - | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Lasi Name |
| United States E | lankruptcy Court fo | r the: Northern District o | of Illinois |
| Case number (If known) | | · · · · · · · · · · · · · · · · · · · | ** ** Without the Manager |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| No | ave any codebtors? (If y | ou are filing a joint case, do r | not list either spouse | as a codebtor.) |
|---|--|--|--|--|
| ☐ Yes | | | | |
| Arizona, (| California, Idaho, Louisian | lived in a community propo a, Nevada, New Mexico, Pue | erty state or territo erto Rico, Texas, Wa | ry? (Community property states and territories include ashington, and Wisconsin.) |
| | io to line 3. | | | |
| | | pouse, or legal equivalent live | e with you at the time | e? |
| □ N | | | | |
| Ŭ Y€ | es. In which community st | ate or territory did you live? _ | | Fill in the name and current address of that person. |
| N | ame of your spouse, former spous | e, or legal equivalent | | |
| N | umber Street | A CONTRACTOR OF THE CONTRACTOR | | _ |
| Ci | ity | State | ZIP Code | _ |
| shown in Schedule | line 2 again as a codebte D (Official Form 106D), | tor only if that person is a g <i>Schedule E/F</i> (Official Forn | guarantor or cosigr | or if your spouse is filing with you. List the person her. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, |
| shown in Schedule Schedule | line 2 again as a codebt | tor only if that person is a g <i>Schedule E/F</i> (Official Forn | guarantor or cosigr | ner. Make sure you have listed the creditor on |
| shown in Schedule Schedule | line 2 again as a codebte D (Official Form 106D), EFF, or Schedule G to fi | tor only if that person is a g <i>Schedule E/F</i> (Official Forn | guarantor or cosigr | ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, |
| shown in Schedule Schedule Column | line 2 again as a codebte D (Official Form 106D), EFF, or Schedule G to fi | tor only if that person is a g <i>Schedule E/F</i> (Official Forn | guarantor or cosigr | ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt |
| shown in Schedule Schedule | line 2 again as a codebte D (Official Form 106D), EFF, or Schedule G to fi | tor only if that person is a g <i>Schedule E/F</i> (Official Forn | guarantor or cosigr | ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| shown in Schedule Schedule Column | line 2 again as a codebte D (Official Form 106D), EFF, or Schedule G to fi | tor only if that person is a g <i>Schedule E/F</i> (Official Forn | guarantor or cosigr | ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| shown in Schedule Schedule Column | line 2 again as a codebte D (Official Form 106D), EE/F, or Schedule G to fi | tor only if that person is a g <i>Schedule E/F</i> (Official Forn | guarantor or cosigr | ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line |
| shown in Schedule Schedule Column Name Number City | line 2 again as a codebte D (Official Form 106D), EE/F, or Schedule G to fi | tor only if that person is a g Schedule E/F (Official Forn Il out Column 2. | guarantor or cosigr n 106E/F), or <i>Sched</i> | column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line |
| shown in Schedule Schedule Column Name | line 2 again as a codebte D (Official Form 106D), EE/F, or Schedule G to fi | tor only if that person is a g Schedule E/F (Official Forn Il out Column 2. | guarantor or cosigr n 106E/F), or <i>Sched</i> | column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line |
| shown in Schedule Schedule Column Name Number City | line 2 again as a codebte D (Official Form 106D), EE/F, or Schedule G to fi | tor only if that person is a g Schedule E/F (Official Forn Il out Column 2. | guarantor or cosigr n 106E/F), or <i>Sched</i> | column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line |
| shown in Schedule Schedule Column Name Number City Name | line 2 again as a codebte D (Official Form 106D), a E/F, or Schedule G to fi | tor only if that person is a g Schedule E/F (Official Form Il out Column 2. | guarantor or cosign n 106E/F), or Sched | ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the deb Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, fine Schedule D, line Schedule E/F, line |
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| shown in Schedule Schedule Column Name Number City Name Number City City | line 2 again as a codebte D (Official Form 106D), a E/F, or Schedule G to fi | tor only if that person is a g Schedule E/F (Official Form Il out Column 2. | guarantor or cosign n 106E/F), or Sched | ner. Make sure you have listed the creditor on dule G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the debit of the check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule G, line Schedule G, line Schedule D, line |

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| Fill in this | information to identify | your case: | | | | | | | |
|--|---|---|---|----------------------------|--|---|--------------------------------------|--|--|
| Debtor 1 | Shantini | | Mullings | | | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | | | | |
| (Spouse, if filin | - | Middle Name | Last Name | | | | | | |
| | s Bankruptcy Court for the: | Northern District of the | inois | | 01 1 77 | | | | |
| Case numbe (If known) | er | | | | Check if t | his is: nended filing | | | |
| L | | | | | | plement showing postp | etition chapter 13 | | |
| Official F | Form 106l | | | | | e as of the following da | ate: | | |
| | dule I: You | ir Incom/ | 3 | | MM / C | DD / YYYY | | | |
| | | | | | | or 2), both are equally re | 12/15 | | |
| supplying c | orrect information. If year ated and your spot | ou are married and r use is not filing with top of any addition | ot filing jointly, and yo you, do not include in | our spouse is formation ab | living with your spo | you, include information use. If more space is ne (nown). Answer every q | about your spouse. eded, attach a | | |
| 1 Fill in vo | ur employment | | | | | | | | |
| informat | | | Debtor 1 | | and the second of the second o | Debtor 2 or non-fili | ng spouse | | |
| attach a | ve more than one job, separate page with on about additional rs. | Employment statu | s ☐ Employed ☑ Not employ | yed | | ☐ Employed ☐ Not employed | | | |
| | part-time, seasonal, or loyed work. | | | | | | | | |
| Occupati | on may include student naker, if it applies. | Occupation | | | | | | | |
| | | Employer's name | | | | | | | |
| | | Employer's addres | | · | | N. L. C. | | | |
| | | | Number Street | | | Number Street | | | |
| ī | | | | | | | | | |
| | | | | | | war and the state of the state | | | |
| | | Bour lana amplaya | City | State ZIP | Code | City | State ZIP Code | | |
| | | How long employe | a meier | - | | 11-11-11-11-11-11-11-11-11-11-11-11-11- | : | | |
| Part 2: | Give Details About | Monthly Income | | | | | | | |
| spouse u | nless you are separated. | • | - | • | | ite \$0 in the space. Includer that person on the lines | | | |
| below. If you need more space, attach a separate sheet to this form. | | | | | | | | | |
| | | | | For | Debtor 1 | For Debtor 2 or non-filing spouse | | | |
| | nthly gross wages, salans). If not paid monthly, | | | 2. <u>\$</u> | 0.00 | \$ | | | |
| 3. Estimat | e and list monthly over | time pay. | | 3. +\$ | 0.00 | + \$ | : : : : | | |
| 4. Calculat | te gross income. Add lir | ne 2 + line 3. | | 4. \$ | 0.00 | \$ | | | |

Official Form 106l Schedule I: Your Income page 1

Document Mullings Shantini Omunique Case number (if known)

| | | For | Debtor 1 | orpo | For Debtor 2 or non-filing spouse | rai | |
|--|-------------|------------|--|------------------|-----------------------------------|---------------------------------|---------------|
| Copy line 4 here | . 🗲 4. | \$_ | 0.00 |) | \$ | - | |
| List all payroll deductions: | | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 |) | \$ | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | | \$ | • | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | | \$ | | |
| 5d. Required repayments of retirement fund loans | 5d. | * <u>-</u> | 0.00 | _ | \$ | | |
| 5e. Insurance | 5e. | \$ \$ | 0.00 | | \$ | | |
| 5f. Domestic support obligations | 5f. | \$ | 0.00 | | \$ | | |
| • | | \$ | 0.00 | - | _ | | |
| 5g. Union dues | 5g. | ******** | ······································ | _ | \$ | | |
| 5h. Other deductions. Specify: n/a | 5h. | +\$ | 0.00 | · | + \$ | | |
| :. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5l | h. 6. | \$ | 0.00 | - | \$ | | |
| Calculate total monthly take-home pay. Subtract line 6 from fine 4. | 7. | \$ | 0.00 | - | \$ | | |
| List all other income regularly received: | | | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | _ | \$ | | |
| 8b. Interest and dividends | 8b. | \$ | 0.00 | | \$ | | |
| 8c. Family support payments that you, a non-filing spouse, or a depend regularly receive | dent | | | • | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | • | \$ | | |
| 8d. Unemployment compensation | 8d. | \$ | 0.00 | - | \$ | | |
| 8e. Social Security | 8e. | \$ | 0.00 | | \$ | | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistathat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP(Foodstamps) | ance 8f. | \$ | 190.00 | | \$ | | |
| 8q. Pension or retirement income | 80 | æ | 0.00 | | | | |
| | 8g. | Φ | | | Φ | | |
| 8h. Other monthly income. Specify: n/a | 8h. | +\$ | 0.00 | | +\$ | | |
| Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | 0.00 | | \$ | | |
| Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | 190.00 | + | \$0.00 | = s 19 | 90.00 |
| State all other regular contributions to the expenses that you list in Schellnclude contributions from an unmarried partner, members of your household, friends or relatives. | | | its, your roc | mma | ates, and other | | |
| Do not include any amounts already included in lines 2-10 or amounts that are Specify: | | | о рау ехреі | nses | listed in Schedule J. 11. | + s | 0.00 |
| | | | ambinad == | | | · | |
| Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain | | | | | | \$ 19 Combined monthly in | 90.00 come |
| Do you expect an increase or decrease within the year after you file this No. | form? | | | | | | |
| ☐ Yes. Explain: | | | | | | | |

Debtor 1

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| | A ST. A S. A. | transmit and market | | | | | |
|---|---|--|--|--|--|--|--|
| Fill in this information to identify your case | e: | | | | | | |
| Debtor 1 Shantini Omuniq First Name Middle N | | Check if the | Check if this is: An amended filing | | | | |
| Debtor 2 | | An am | | | | | |
| (Spouse, if filing) First Name Middle N | ☐ A supp | lement sh | - owing post | petition chapter 13 | | | |
| United States Bankruptcy Court for the: | expens | ses as of th | ne following | g date: | | | |
| Case number (If known) | | MM / D | D / YYYY | - | | | |
| 000 1100 1 | | | | | | | |
| Official Form 106J | ··· | | | | | | |
| Be as complete and accurate as possible. If information. If more space is needed, attach (if known). Answer every question. | two married people are fili | T T | - | | • | | |
| Part 1: Describe Your Household | | | | | | | |
| Is this a joint case? | | | | | | | |
| ✓ No. Go to line 2. | | | | | | | |
| Yes. Does Debtor 2 live in a separate h | ousehold? | | | | | | |
| ☐ No | | | | | | | |
| Yes. Debtor 2 must file Official F | form 106J-2, Expenses for S | eparate Household of Debtor 2. | | and all the second | F-V\AA\max.com\A\max.\adicalmax.adic | | |
| 2. Do you have dependents? | | Dependent's relationship to | | pendent's | Does dependent live | | |
| | . Fill out this information for nependent | Debtor 1 or Debtor 2 | ###################################### | • | with you? | | |
| Do not state the dependents' names. | | | | | ☐ No ☐ Yes | | |
| names. | | | | | ☐ No | | |
| | | *************************************** | | | ☐ Yes | | |
| | | vavauva-anova-anova-anova-anova-anova-anova-anova-anova-anova-anova-anova-anova-anova-anova-anova-anova-anova- | | | ☐ No ☐ Yes | | |
| | | | | | ☐ No | | |
| | | *************************************** | | ······································ | Yes | | |
| | | | | | ☐ No | | |
| | | | | | ☐ Yes | | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? ✓ № Yes | | | . , | | | | |
| Part 2: Estimate Your Ongoing Mont | hlv Expenses | | | | | | |
| Estimate your expenses as of your bankrupt | | re using this form as a supple | ment in a C | hapter 13 c | ase to report | | |
| expenses as of a date after the bankruptcy is | s filed. If this is a suppleme | ental Schedule J, check the bo | x at the top | of the form | and fill in the | | |
| applicable date. Include expenses paid for with non-cash gov | vernment assistance if you | know the value of | | | | | |
| such assistance and have included it on Sch | • | | | Your exper | ises | | |
| 4. The rental or home ownership expenses any rent for the ground or lot. | for your residence. Include | first mortgage payments and | 4. | - Christian de Palance de describation de la company de la | 700.00 | | |
| If not included in line 4: | | | | | 0.55 | | |
| 4a. Real estate taxes | | | 4a. S | B | 0.00 | | |
| 4b. Property, homeowner's, or renter's inst | urance | | 4b. S | B | 0.00 | | |
| 4c. Home maintenance, repair, and upkee | p expenses | | 4c. | ß | 0.00 | | |
| 4d. Homeowner's association or condomin | ilum dues | | 4d. \$ | <u> </u> | 0.00 | | |

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Debtor 1 Shantini Omunique Mullings Case number (if known)_____

| | | | Your exp | penses |
|-----|---|------|----------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. | | | | |
| 0. | 6a. Electricity, heat, natural gas | 6a. | œ | 60.00 |
| | 6b. Water, sewer, garbage collection | 6b. | φ | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | φ | 60.00 |
| | 6d. Other Specify: n/a | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 200.00 |
| 8. | Childcare and children's education costs | 8. | \$ \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| 10. | Personal care products and services | 10. | \$ | 40.00 |
| 11. | Medical and dental expenses | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | | |
| | Do not include car payments. | 12. | \$ | 250.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 150.00 |
| | 15d. Other insurance. Specify: n/a | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: n/a | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: n/a | 17¢. | \$ | 0.00 |
| | 17d. Other. Specify: n/a | 17đ. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: n/a | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

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| Debtor | Shantini Omunique Mullings Case numbo | ∃ና (if known) | | |
|---------------|---|---------------|-----|-----------|
| 21. Ot | her. Specify: <u>n/a</u> | 21. | +\$ | 0.00 |
| 22. Ca | culate your monthly expenses. | | | |
| 228 | t. Add lines 4 through 21. | 22a. | \$ | 1,560.00 |
| 22t | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | \$ | 0.00 |
| 220 | . Add line 22a and 22b. The result is your monthly expenses. | 22c. | \$ | 1,560.00 |
| | | | h | |
| | ulate your monthly net income. | | • | 190.00 |
| 23a. | 1,7 O TO T | 23a. | \$ | 190.00 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,560.00 |
| 23c. | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | \$ | -1,370.00 |
| | ou expect an increase or decrease in your expenses within the year after you file this form | ? | | |
| | example, do you expect to finish paying for your car loan within the year or do you expect your gage payment to increase or decrease because of a modification to the terms of your mortgage? | | | |
| Ø N | 0. | | | |
| ☐ Y | | | | |
| | | | | * |
| | | | | |
| | | | | |
| | 1 | | | • |

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| Debtor 1 | Shantini | 0 | Mullings | |
|-------------------|----------------------|-----------------------------|-----------|---|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse, if filing |) First Name | Middle Name | Last Name | - |
| Inited States | Bankruptcy Court for | the: Northern District of I | Ilinois | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|--|
| Did you pay or agree to pay someone who is NOT an atto | orney to help you fill out bankruptcy forms? |
| ☑ Yes. Name of person Veronica Eason | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119), |
| | |
| | |
| | |
| Under penalty of perjury, I declare that I have read the sur that they are true and correct. | mmary and schedules filed with this declaration and |
| * Sharfin Malling * | |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date 10 15 216 | Date |

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| | heck if this is a nended filing 04 |
|--|--|
| ficial Form 107 atement of Financial Affairs for Individuals Filing for Bankruptcy as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying compation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name | nended filing |
| icial Form 107 atement of Financial Affairs for Individuals Filing for Bankruptcy complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying contains. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name | nended filing |
| cial Form 107 tement of Financial Affairs for Individuals Filing for Bankruptcy complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying constion. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name | nended filing |
| icial Form 107 atement of Financial Affairs for Individuals Filing for Bankruptcy complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying contains. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name | 04. |
| externent of Financial Affairs for Individuals Filing for Bankruptcy complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying contains. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name | |
| atement of Financial Affairs for Individuals Filing for Bankruptcy s complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying compation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name | |
| s complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying c mation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name | |
| mation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name | a recort |
| | |
| | and case |
| | |
| t 1: Give Details About Your Marital Status and Where You Lived Before | |
| | |
| Vhat is your current marital status? | |
| Married | |
| Mot married | |
| Note that the American Control of the Control of th | |
| During the last 3 years, have you lived anywhere other than where you live now? ☑ No | |
| ☑ No ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | |
| | |
| | Dates Debtor 2 ived there |
| Same as Debtor 1 | Same as Debto |
| Same as Deputi 1 | Danie as Debic |
| From | From |
| Number Street Number Street | To |
| Number Street To | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| City State ZIP Code City State ZIP Code | *************************************** |
| City State ZIP Code City State ZIP Code | Same as Debte |
| City State ZIP Code City State ZIP Code Same as Debtor 1 From Number Street | Same as Debto |
| City State ZIP Code City State ZIP Code Same as Debtor 1 | Same as Debto |
| City State ZIP Code City State ZIP Code Same as Debtor 1 From Number Street | Same as Debto |
| City State ZIP Code City State ZIP Code Same as Debtor 1 From Number Street Number Street | Same as Debt |

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| Debtor 1 | | Omunique | Mullings | Case n | umber (if known) | |
|-------------------|--|--------------------------------|--|--|---|--|
| | First Name Middle Name | Las | t Name | 5455 | arriver (in morni) | |
| If you | you have any income from n the total amount of income u are filing a joint case and do (es. Fill in the details. | e you receive | ed from all jobs and all bus | inesses, including part-ti | ime activities | endar years? |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| F t | From January 1 of current he date you filed for bank | t year until «ruptcy: | Wages, commissions, bonuses, tips Operating a business | \$15,000.00 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| | For last calendar year: January 1 to December 31, | .2015 YYYY | ✓ Wages, commissions, bonuses, tips✓ Operating a business | \$ 20,000.00 | Wages, commissions, bonuses, tips Operating a business | \$ |
| | or the calendar year befor January 1 to December 31, | | ✓ Wages, commissions, bonuses, tips☐ Operating a business | \$25,000.00 | Wages, commissions, bonuses, tips Operating a business | \$ |
| gambli List ea | | benetit paym you are filing | ents; pensions; rental inco a joint case and you have | me; interest; dividends; income that you receive | money collected from laws ed together, list it only once | uite: royaltine: and |
| ∐ Ye | s. Fill in the details. | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | rom January 1 of current ne date you filed for bankı | | | <u> </u> | | \$ \$ |
| | | | | | | \$ |
| (0) | or last calendar year: anuary 1 to December 31,4 | 2015 YYYY - | <u> </u> | | | \$ |

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Debtor 1

| otor 1 | Shantini First Name Midd | Omunio Ile Name | que Mu | ıllings | | Case nu | ımber (ıf known) | | |
|--------|-------------------------------------|---|--------------------------------------|--------------------------|--|---------------------------|--|------------------------|---|
| | | | | | | | | | |
| art 3: | List Certain Pa | yments You | ı Made Befo | re You Filed | for Bankr | uptcy | | | |
| | | | | | | | | | |
| | her Debtor 1's or i | | • | | | | | | |
| ₩ No. | Neither Debtor 1 "incurred by an in | i nor Debtor 2 Idividual prima | ! has primarily rrily for a perso | / consumer density, or f | ∌bts. <i>Consun</i> household pu | ner debts are irpose." | defined in 11 U.S | 3.C. § 101 | (8) as |
| | During the 90 day | | | • | • | • | 6,425* or more? | | |
| | ☐ No. Go to line | 7. | | | | | | | |
| | Yes. List belo total amo | ount you paid 1 | that creditor. D | o not include p | ayments for o | domestic sup | more payments a port obligations, s is bankruptcy case | such as | |
| | * Subject to adjus | | | | | | | | |
| 2 Yes | . Debtor 1 or Debt | or 2 or both ! | nave primarily | consumer de | bts. | | | | |
| | During the 90 day | | | | | or a total of \$ | 600 or more? | | |
| | ☑ No. Go to line | 7. | | | | | | | |
| | Yes. List below | w each credito | or to whom you | paid a total of | \$600 or more | e and the tota | ıl amount vou paid | d that | |
| | creditor. | Do not include | payments for nolude paymen | domestic supp | ort obligation | is, such as ch | nild support and | 2 (1)(4) | |
| | animony. | Also, do not il | iciuue paymen | ts to an attorne | y ioi illis bai | ikrupicy case | • | | |
| | | | | Dates of payment | Total amou | ınt paid | Amount you still | l owe | Was this payment for |
| | | | | | \$ | 0.00 | \$ | 0.00 | ☐ Mortgage |
| | Creditor's Name | | | | , | | | | Car |
| | Number Stree | t | | | | | | | Credit card |
| | | | | | | | | | Loan repayment |
| | | | | | | | | | ☐ Suppliers or vendors |
| | City | State | ZIP Code | | | | | | Other |
| | | | | | | | | | |
| | | | | | | | | | |
| | Creditor's Name | V | | | \$ | 0.00 | \$ | 0.00 | ☐ Mortgage |
| | Creditor's Name | | | | \$ | 0.00 | \$ | 0.00 | ☐ Car |
| | Creditor's Name | ANNUAL Market beautiful and a second a second and a second a second and a second a second and a second and a second and a | | | \$ | 0.00 | \$ | 0.00 | ☐ Car☐ Credit card |
| | | | | | \$ | 0.00 | \$ | 0.00 | ☐ Car☐ Credit card☐ Loan repayment |
| | Number Street | | | | \$ | 0.00 | \$ | 0.00 | ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors |
| | | State | ZiP Code | | \$ | 0.00 | \$ | 0.00 | ☐ Car☐ Credit card☐ Loan repayment |
| | Number Street | | ZIP Code | | \$ | 0.00 | \$ | 0.00 | ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors |
| | Number Street City | | ZIP Code | | \$ \$ | 0.00 | * The state of the | 0.00 | ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors |
| | Number Street | | ZIP Code | | | | * The state of the | November of the second | Car Credit card Loan repayment Suppliers or vendors Other |
| | Number Street City | State | ZIP Code | | | | * The state of the | November of the second | Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card |
| | Number Street City Creditor's Name | State | ZIP Code | | | | * The state of the | November of the second | Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment |
| | Number Street City Creditor's Name | State | ZIP Code | | | | * The state of the | November of the second | Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card |

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| otor 1 | Shantini | (| Omunique | Mullings | | Case number (if known | |
|------------------------|---|---|--|---|---|---|--|
| | First Name | Middle Name | Last N | iame | | out the the terms of the terms | , |
| corpo agent such | ers include your prations of which t, including one as child support | relatives; and you are and for a busing tand alimo | any general pain n officer, direct ess you operat ny. | rtners; relatives of an or, person in control, | y general partners; p or owner of 20% or i | partnerships of which more of their voting | who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations, |
| | es. List all payill | enis io an | nisidei. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| ī | Insider's Name | | | | \$0.00 | \$0.00 | |
| Ī | Number Street | | | | | | |
| - | 444 | ALL REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS | | | | | |
| · | City | | State ZIP Co | ode | | | |
| Ī | nsider's Name | | | | \$0.00 | \$ 0.00 | į |
| ň | Number Street | | | | | | |
| ~~ 6 | Dity | | State ZIP Co | de | | | |
| n ins clude No | i der? e payments on c | debts guara | inteed or cosig | ned by an insider. | payments or transf Total amount paid | er any property or Amount you still owe | n account of a debt that benefited Reason for this payment Include creditor's name |
| In | sider's Name | | | | \$0.00 | \$0.00 | |
| | umber Street | | | | | | |
| | | | | | | | |
| Ci | ity | | State ZIP Cod | de . | | : | |
| Ins | sider's Name | Andrew Ver Annober version - 1 | | | \$0.00 | \$0.00 | |
| Nu | umber Street | | | vitablestan | | : | |
| _ | | | | | | | |
| Cit | ty | ************************************** | State ZIP Cod | | | | |

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| ebtor 1 | Shantini First Name Mi | Omunique | Mullings | Case number (if known) | |
|------------|--|---|--|--|--|
| | i not reasse tys | ddle Name Last Name | | (1884) | |
| Part 4 | Identify Legal | Actions, Reposses | cione and Faurets | | |
| . With | in 1 year before vo | u filed for bankruptcy | Were you a party in a | ny lavouit agustastian | |
| | all such matters, incl contract disputes. | uding personal injury ca | ses, small claims action | ns, divorces, collection suits, paternity action | proceeding? support or custody modificati |
| 2 N | | | | | · |
| | io 'es. Fill in the details | | | | |
| | | | ature of the case | Court | |
| | | . * | | Court or agency | Status of the case |
| (| Case title | | | Court Name | ☐ Pending |
| _ | | | | osa (nemo | On appeal |
| | | : | | Number Street | ☐ Concluded |
| (| Case number | | | | |
| 1. | | | Company Comments of the Comment of t | City State ZIP Cod | de |
| _ | Na | | | | · · · · · · |
| C | Case title | | | Court Name | Pending |
| | | | | No. | On appeal |
| С | ase number | į | | Number Street | Concluded |
| | | · · · · · · · · · · · · · · · · · · · | | City State ZIP Cod | le . |
| | s. Fill in the informat | | Describe the prop | nerty D. | |
| | | | | Date | Value of the property |
| | Creditor's Name | | | ** | ¢ |
| | Creditor's Transe | | | | |
| | Number Street | | Explain what hap | oened | |
| | | | ☐ Property wa | s repossessed. | |
| | | | Property wa | s foreclosed. | |
| | City | | Property wa | | |
| | And the systems and control to the beauty of the | State ZIP Code | Company of the Compan | s attached, seized, or levied. | en mer growner fan 1984 fûn 1984 yn 19 |
| | | | Describe the prop | Date | Value of the property |
| | | | : | | |
| | Creditor's Name | | I Modernoon | | \$ |
| | | | 8 | • | |
| | Number Street | | Explain what happ | ened | |
| | | | _ | | |
| | | *************************************** | Property was Property was | repossessed. | |
| | City | State ZIP Code | Property was | | |
| | - - | Owne FIL Code | | attached, seized, or levied. | |

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| , , | nantini st Name Middle Nan | Omunique | Mullings | Case num | nber (if known) | | |
|--------------------|---|--|--|---|--|-------------|--------|
| | | | | | | | |
| Within 90 | davs before vou fi | led for bankru | otov, did any creditor, incli | iding a hank or financ | cial institution, set off any a | mounts from | n vour |
| | | | ause you owed a debt? | 209 2 20 01 1 | and montaining out on any an | nounto non | your |
| ZÍ No | | | | | | | |
| Yes. Fil | ll in the details. | | | | | | |
| | | | Describe the action the cre | ditor took | Date action | Amount | |
| Creditor's | : Name | | ty e kan ar a | | was taken | | |
| 0.00.00 | , | | | | : | | 0.5 |
| Number | Street | | | | · | \$ | 0.0 |
| | | | | | | | |
| | | | , at the contract of the second of the secon | ~ · · · · · · · · · · · · · · · · · · · | | | |
| City | SI | tate ZIP Code | Last 4 digits of account no | ımber: XXXX | | | |
| • | | | Edot Talgito of doodant in | | | | |
| Yes | | | | | | | |
| t 5: Lis | it Certain Gifts a | and Contribut | tions | | | | |
| | | | | | | | |
| Vithin 2 ve | ars before you file | ed for bankrupt | cv. did you give any gifts t | with a total value of m | ore than \$600 per person? | | |
| Z I No | | | io,, and you give any give | | ore than your per personn | | |
| | I in the details for e | ach gift. | | | | | |
| | | | | | | | |
| Gifts w per per | rith a total value of m rson | nore than \$600 | Describe the gifts | | Dates you gave the gifts | Value | |
| • • | | | Agricultura de Campagna, prosper demonstrator de la companya de la | | | | |
| | | | | | Dominos de la companya de la company | \$ | 0.0 |
| Person to | Whom You Gave the Gift | | | | | Ψ | |
| | | | | | | \$ | 0.0 |
| | | | | | | | |
| Number | Street | | | | | | |
| | | | | | | | |
| City | Sta | ate ZIP Code | : : | | - Actions 100 | | |
| Person's | relationship to you _ | | | | | | |
| | | | 5- ya | | | | |
| Gifts wit | h a total value of mo on | re than \$600 | Describe the gifts | | Dates you gave the gifts | Value | |
| | | | • | | | | |
| Davison to 1 | Whom You Gave the Gift | | | | | \$ | |
| reison to | WHOM TOO GAVE THE OIL | | | | *************************************** | | 0.0 |
| | | | | | Agents and the first and the f | | |
| | | -, | | | | \$ | |
| | | | | | | \$ | |
| Number | Street | | | | | \$ | |
| Number | Street | | | | | \$ | 0.00 |
| Number City | | ate ZIP Code | | | | \$ | |
| City | | | | | | \$ | |

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| | Middle Name | nique Mullings | Case number (if known)_ | | |
|--|---|---|---|--|--|
| | | | | | |
| Vithin 2 years be | fore you filed for i | bankruptcy, did you give any gifts | or contributions with a total val | ue of more than \$ | 600 to any charity? |
| ✓ No ✓ Yes. Fill in the ✓ Yes. Fill in the ✓ No. The state of the | details for each gif | t or contribution. | | | |
| Gifts or contri that total more | butions to charities than \$600 | Describe what you contribut | ed | Date you contributed | Value |
| Charity's Name | | | | | \$0.0 |
| | | | | | \$0.0 |
| Number Street | | | | THE COURSE OF TH | |
| City State | ZIP Code | 1 | | : | |
| | | | | | |
| 6: List Ceri | tain Losses | | | | |
| | | | | | |
| Describe the prohow the loss of | operty you lost and courred | Describe any insurance cove | | Date of your loss | Value of property lost |
| Describe the property that have the loss of | operty you lost and curred | | nce has paid. List pending insurance | | |
| Describe the pr how the loss oc | operty you lost and courred | Include the amount that insura claims on line 33 of Schedule / | nce has paid. List pending insurance | | lost |
| how the loss oc | ccurred | Include the amount that insura claims on line 33 of Schedule / | nce has paid. List pending insurance | | lost |
| how the loss on | in Payments or | Include the amount that insura claims on line 33 of Schedule / | nce has paid. List pending insurance VB: Property. | loss | \$ 0.00 |
| 7: List Certa thin 1 year before consulted about | in Payments or e you filed for bar ut seeking bankru | Include the amount that insura claims on line 33 of Schedule A Transfers nkruptcy, did you or anyone else a | nce has paid. List pending insurance VB: Property. cting on your behalf pay or tran | loss | \$ 0.00 |
| 7: List Certa thin 1 year befor u consulted about dude any attorney | in Payments or e you filed for bar ut seeking bankru s, bankruptcy petiti | Include the amount that insura claims on line 33 of Schedule A | nce has paid. List pending insurance VB: Property. cting on your behalf pay or tran | loss | \$ 0.00 |
| The List Certa thin 1 year befor a consulted about fude any attorney No Yes. Fill in the de | in Payments or re you filed for bar ut seeking bankru vs, bankruptcy petiti etails. | Include the amount that insura claims on line 33 of Schedule A Transfers nkruptcy, did you or anyone else a | nce has paid. List pending insurance VB: Property. cting on your behalf pay or tran- tition? lencies for services required in yo | sfer any property ur bankruptcy. Date payment or transfer was | \$ 0.00 |
| 7: List Certa thin 1 year befor u consulted abordude any attorney No Yes. Fill in the de | in Payments or e you filed for bar ut seeking bankru s, bankruptcy petiti etails. SOn | Include the amount that insura claims on line 33 of Schedule A Transfers Intruptcy, did you or anyone else autory or preparing a bankruptcy perion preparers, or credit counseling agon preparers. | nce has paid. List pending insurance VB: Property. cting on your behalf pay or tran- tition? lencies for services required in yo | sfer any property ur bankruptcy. Date payment or | \$ 0.00 to anyone Amount of payment |
| 7: List Certa thin 1 year befor u consulted about dude any attorney No Yes. Fill in the de Veronica Ea Person Who Was Person W | in Payments or re you filed for bar ut seeking bankruptcy petitietails. son aid Stony Island | Include the amount that insura claims on line 33 of Schedule A Transfers Inkruptcy, did you or anyone else autory or preparing a bankruptcy perion preparers, or credit counseling action preparers, or credit counseling action preparers. Description and value of any Preparation Of Chapte | cting on your behalf pay or trantition? Tencies for services required in your property transferred | sfer any property ur bankruptcy. Date payment or transfer was made | \$ 0.00 to anyone Amount of payment |
| 7: List Certa thin 1 year befor u consulted abordude any attorney No Yes. Fill in the de Veronica Ea Person Who Was Pa 9212 South S Number Street Chicago | in Payments or re you filed for bar ut seeking bankru vs. bankruptcy petiti etails. Son aid Stony Island | Include the amount that insura claims on line 33 of Schedule A Transfers Inkruptcy, did you or anyone else autory or preparing a bankruptcy perion preparers, or credit counseling action preparers, or credit counseling action preparers. Description and value of any Preparation Of Chapte | cting on your behalf pay or trantition? Tencies for services required in your property transferred | sfer any property ur bankruptcy. Date payment or transfer was made | \$ 0.00 to anyone Amount of payment \$ 100.00 |
| 7: List Certa thin 1 year befor u consulted abore clude any attorney No Yes. Fill in the de Veronica Ea Person Who Was Pe 9212 South S Number Street Chicago City Email or website add | in Payments or re you filed for bar ut seeking bankru vs. bankruptcy petiti etails. Son aid Stony Island | Include the amount that insura claims on line 33 of Schedule A Transfers Inkruptcy, did you or anyone else autory or preparing a bankruptcy perion preparers, or credit counseling action preparers, or credit counseling action preparers. Description and value of any Preparation Of Chapte | cting on your behalf pay or trantition? Tencies for services required in your property transferred | sfer any property ur bankruptcy. Date payment or transfer was made | \$ 0.00 to anyone Amount of payment \$ 100.00 |

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| | First Name M | liddle Name | | | | Case numbe | | | | |
|--|--|---|--|--|---|--------------------|--------------|-----------------------------------|--|----------|
| | | | | ast Name | | | | | | |
| | | - Washington and Andrewson and State and | | Description and | value of any proper | ty transferred | | Date payment or transfer was made | Amou payme | |
| OI Pe | 01Debtorcc erson Who Was Paid | · | | Credit Couns | elina | | | | | |
| | 72 Summit Av | ۵ | | ordan oddine | ciirig | | | 10/25/2016 | \$ | 14 |
| _ | lumber Street | <u> </u> | | ······································ | | | : ' | | Ψ | |
| | | | | | | | | | \$ | |
| | | | | | | | , | | T ************************************ | |
| Je Cit | ersey City | NJ State | 07306 ZIP Code | | | | : | | | |
| ÇII | n.y | State | ZIP Code | | | | | | | |
| D | ebtorcc.org | | | | | | | | | |
| En | mail or website address | | | - | | | | | | |
| | | | | | | | | | | |
| Pe | erson Who Made the Pa | yment, if I | Not You | | | | ! | | | |
| Yes | s. Fill in the details | i. | | Description and v | ralue of any propert | y transferred | | | Amount | of payr |
| Pei | erson Who Was Paid | - | | | the second second second | | | ransfer was nade | | |
| Men | ımber Street | | | · · | | | | | \$ | 0 |
| , , , | ander Street | | | | | | - | | Ψ | |
| | | | | 1 | | | | | | |
| | | | | <u>.</u> | | | | | \$ | 0. |
| nster | 2 years before your rred in the ordina | ary cou | rse of your | ptcy, did you sell, t | ial affairs? | | | | | · |
| hin ansfer ude l not in No | 2 years before your red in the ordinate both outright trans | ou filed ary cou sfers an ansfers | for bankru rse of your d transfers | ptcy, did you sell, to business or finance made as security (surve already listed on Description and variansferred | ial affairs? Ich as the granting this statement. | of a security inte | rest or mort | gage on your prop | erty). Date | rty |
| hin ansfer ude l not in No Yes. | 2 years before your red in the ordinate both outright transfinedude gifts and transfineduce gifts gifts and transfineduce gifts gifts and transfineduce gifts gifts and transfineduce gifts gift | ou filed ary cou sfers an ansfers | for bankru rse of your d transfers | business or finance made as security (su ive already listed on Description and vi | ial affairs? Ich as the granting this statement. | of a security inte | rest or mort | gage on your prop | erty). | rty |
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| hin ansfer ude I not in No Yes. | 2 years before yourred in the ordinate both outright transinclude gifts and transinclude gifts and transinclude gifts and transincer Street | ou filed ary cou sfers an ansfers | for bankru rse of your d transfers | business or finance made as security (su ive already listed on Description and vi | ial affairs? Ich as the granting this statement. | of a security inte | rest or mort | gage on your prop | erty). Date | rty |
| Pers | 2 years before yourred in the ordinate both outright transinclude gifts and transinclude gifts and transinclude gifts and transincer Street | ou filed ary cou sfers an ansfers | for bankru rse of your id transfers that you ha | business or finance made as security (su ive already listed on Description and vi | ial affairs? Ich as the granting this statement. | of a security inte | rest or mort | gage on your prop | erty). Date | rty |
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| Pers | 2 years before youred in the ordinate both outright transinclude gifts and transinclude gifts and transinclude gifts are transported to the details. | ou filed ary cou sfers an ransfers state you | for bankru rse of your id transfers that you ha | business or finance made as security (su ive already listed on Description and vi | ial affairs? Ich as the granting this statement. | of a security inte | rest or mort | gage on your prop | erty). Date | rty |
| Personal Per | 2 years before youred in the ordinate both outright transinclude gifts and transinclude gifts and transinclude gifts and transinclude gifts and transier. Fill in the details. son Who Received Transier Street | ou filed ary cou sfers an ransfers state you | for bankru rse of your id transfers that you ha | business or finance made as security (su ive already listed on Description and vi | ial affairs? Ich as the granting this statement. | of a security inte | rest or mort | gage on your prop | erty). Date | rty |
| Pers | 2 years before youred in the ordinate both outright transinclude gifts and transinclude gifts and transinclude gifts and transinclude gifts and transier. Fill in the details. son Who Received Transier Street | ou filed ary cou sfers an ransfers state you | for bankru rse of your id transfers that you ha | business or finance made as security (su ive already listed on Description and vi | ial affairs? Ich as the granting this statement. | of a security inte | rest or mort | gage on your prop | erty). Date | rty |
| Personal Per | 2 years before youred in the ordinate both outright transinclude gifts and transinclude gifts and transinclude gifts and transinclude gifts and transier. Fill in the details. son Who Received Transier Street | ou filed ary cou sfers an ransfers state you | for bankru rse of your id transfers that you ha | business or finance made as security (su ive already listed on Description and vi | ial affairs? Ich as the granting this statement. | of a security inte | rest or mort | gage on your prop | erty). Date | rty |
| Personal Per | 2 years before yourred in the ordinate both outright transfer include gifts and transfer include gifts and transfer in the details. Son Who Received Transfer Street Son's relationship to son Who Received Transfer in the | ou filed ary cou sfers an ansfers State you sfer | for bankru rse of your id transfers that you ha | business or finance made as security (su ive already listed on Description and vi | ial affairs? Ich as the granting this statement. | of a security inte | rest or mort | gage on your prop | erty). Date | transfei |

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| ebtor 1 | Shantini (| Omunique Last Na | Mullings | Case number (if kn | own) | |
|-------------|--|---------------------------------------|--|-------------------------------|--|--|
| | | | | | | |
| | in 10 years before you file a beneficiary? (These are | | tcy, did you transfer any prope | rty to a self-settled tru | st or similar device of v | which you |
| 4 | | | , | | | |
| | es. Fill in the details. | | | | | |
| | | | Department and value of the unex | - wh day | | |
| | | | Description and value of the prop | erty transferred | | Date transfer was made |
| | | | | | | : |
| N | lame of trust | : | | | | |
| | | | | | | |
| | | : | | | | |
| | 1 | | ### ################################## | | | and the state of t |
| art 8: | List Certain Financia | al Accounts, | Instruments, Safe Deposit | Boxes, and Storag | e Units | |
| brok M N | erage houses, pension fu o | | r other financial accounts; cert ves, associations, and other fil | | ires in banks, credit ur | tions, |
| ☐ Y | es. Fill in the details. | | | | | |
| | | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| : | Name of Financial Institution | | VVVV | ☐ Checking | | s 0.0 |
| | | | xxxx | ☐ Savings | To the second se | \$0.0 |
| i | Number Street | | | ☐ Money market | | |
| • | | | | ☐ Brokerage | | |
| į | City State | ZIP Code | | Other | | |
| | | | · | | • | • • |
| - | Name of Financial Institution | | XXXX | Checking | | \$ 0.00 |
| ' | vame of Financial Insulution | | | Savings | | |
| ī | Number Street | | | ☐ Money market | | |
| - | | | | ☐ Brokerage | | |
| 7 | City State | ZIP Code | | ☐ Other | | |
| | · | | | | | |
| | ou now have, or did you ha rities, cash, or other valua | | ear before you filed for bankrup | tcy, any safe deposit b | oox or other depository | for |
| ₩ N | | | | | | |
| ☐ Ye | es. Fill in the details. | | | | | |
| | | | Who else had access to it? | Describe the | contents | Do you still have it? |
| | | | | | | □ No |
| <u> </u> | lame of Financial Institution | | | : | | ☐ Yes |
| ŗ | rame of Fridicial IIISULULOIF | | Name | : | | |
| Ā | lumber Street | · · · · · · · · · · · · · · · · · · · | Number Street | | | ************************************** |
| - | · | | City State ZIP Code | - | | |

City

ZIP Code

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| Debtor 1 | Shantini First Name Middle | Omunique Name Last P | Mullings | C | ase number (if known) | |
|---------------|---|--|--|---------------------|--|--------------------------|
| 22. Have | you stored property i | n a storage unit c | r place other than your | home within 1 ye | ar before you filed for bankruptcy? | |
| | NO Yes. Fill in the details. | | Who else has or had acc | ess to it? | Describe the contents | Do you still have it? |
| | Name of Storage Facility | | Name | | : - | □ No |
| | Number Street | *************************************** | Number Street | | · - | ☐ Yes |
| | | | City State ZIP Code | | | |
| | City S | ate ZIP Code | en e | | | |
| Part 9 | Identify Prope | rty You Hold o | Control for Someon | e Eise | | |
| or n | ou hold or control any old in trust for someor No | property that so le. | neone else owns? Incli | ude any property | you borrowed from, are storing for, | |
| | es. Fill in the details. | | Where is the property? | | Describe the property | Value |
| | Owner's Name | - Name of the Control | | | | \$ 0.00 |
| | Number Street | | lumber Street | | - | |
| | City Sta | ate ZIP Code | ity s | itate ZIP Code | - | |
| Part 10 | | | ntal Information | | | |
| For the p | purpose of Part 10, the | | | | | |
| Envii haza | ro <i>nmental law</i> means a rdous or toxic substan | iny federal, state, ces, wastes, or n | or local statute or requ | l, soil, surface wa | pollution, contamination, releases ter, groundwater, or other medium, | of |
| ≋ Site r | means any location, fac | cility, or property | | nvironmental law. | whether you now own, operate, or | |
| Hazai | rdous material means : | anything an envir | - - | s a hazardous wa | ste, hazardous substance, toxic | |
| | | | at you know about, reg | | ney occurred. | |
| 4. Has a | ny governmental unit r | notified you that y | ou may be liable or pot | entially liable und | er or in violation of an environment | al law? |
| Ø Ne | o es. Fill in the details. | | | | | |
| | | (| Governmental unit | Environn | nental law, if you know it | Date of notice |
| Na | me of site | G | overnmental unit | ! | | |
| Nu | mber Street | No | mber Street | | | ! |
| ~~~ | | Ci | y State ZIP | Code | | |
| D16. | | | | | | |

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| ebtor 1 | Shantini First Name Middle Na | Omunique | Mullings | Case numi | Der (if known) | |
|---------|---|--|---|-------------------------|---|--------------------|
| | | | | | | |
| | | nmental unit of | any release of hazardous ma | aterial? | | |
| | No Yes. Fill in the details, | | | | | |
| - | res. I in in the details, | | Governmental unit | Environmental | tour if you know it | 5 .4 .5 .11 |
| | | | To some and | Environmental | law, if you know it | Date of notice |
| | Name of site | · · · · · · · · · · · · · · · · · · · | | · | | |
| | | | Governmental unit | : | | |
| | Number Street | | Number Street | ····· | | |
| | *************************************** | | City State ZIP Code | | | |
| | | | City State ZIP Code | • | | |
| | City Stat | e ZIP Code | | | | |
| 5. Hav | e you been a party in any | / judicial or adm | ninistrative proceeding under | anv environmental | law? Include settlements and | ordom |
| Ø | No | • | , | any onvironmentar | iam: include settlements and | orders. |
| | Yes. Fill in the details. | | | | | |
| | | | Court or agency | Nature of ti | he case | Status of the |
| | Case title | | | | | case |
| , | ouse title | | Court Name | | | Pending |
| | | | | | | On appeal |
| | | | Number Street | - 117071.W. | | ☐ Concluded |
| ī | Case number | | | | | |
| | | | City State ZIP | Code | | |
| art 1 | Give Details Abo | uit Vous Buels | ness or Connections to A | Bt | | |
| ָ (| ☑ A sole proprietor or se☑ A member of a limited☑ A partner in a partners | elf-employed in I liability compa ship | a trade, profession, or other ny (LLC) or limited liability pa | activity, either full-t | lowing connections to any bu ime or part-time | siness? |
| | An officer, director, or | | | | | |
| | ■ An owner of at least 5 | % of the voting | or equity securities of a corp | oration | | |
| | lo. None of the above ap | | | | | |
| ₩ Y | es. Check all that apply a | above and fill in | the details below for each be Describe the nature of the busin | | | |
| | Business Name | | Describe the nature of the busin | iess | Employer Identification number Do not include Social Security in | |
| | Destricts (value | | | | | |
| | Number Street | | | | EIN: | |
| | | | Name of accountant or bookkee | per | Dates business existed | |
| | ************************************** | | | | _ | |
| | City State | ZIP Code | | | From To | |
| | | | Describe the nature of the busin | ess | Employer Identification number | ** |
| i | Business Name | | | | Do not include Social Security n | |
| | | : : | | | EIN: | |
| Ī | Number Street | | Name of accountant or hostilizes | 20.5 | | |
| _ | | | Name of accountant or bookkeep | | Dates business existed | |
| | | | | | From To | |
| ä | City State | ZIP Code | | | 0111 10 | |

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| Debtor 1 | Shantini First Name | Omunique | Mullings | Case | number (if known) |
|---|--|--|-----------------------------|--|--|
| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Cast N | ame | | |
| Articonomical Inc. | Market Carrier and | a construire | Describe the nature of the | e business | Employer Identification number Do not include Social Security number or ITIN. |
| | Business Name | And | | · · · · | EIN: |
| | Number Street | | Name of accountant or bo | ookkeeper | Dates business existed |
| | | | | | |
| | City | State ZIP Code | | | From To |
| The second Spannages and a green per deputy | ill destitut til se system som proposerer om blevet, i system fra statster og bestårer om er former fra | ensent a Branisch, steinbellure stein auss a tein samt teinbes heiste jake zu ensentschliche | | en e | |
| HISU | tutions, creditors, | ou filed for bankrupt or other parties. | cy, did you give a financ | ial statement to any | one about your business? Include all financial |
| □ / ☑ i | lo (es. Fill in the deta | ils below. | | | |
| | | | Date issued | | |
| | | | | | |
| | Name | | MM / DD / YYYY | | |
| | Number Street | | | | |
| | | | | | |
| | City | State ZIP Code | | | |
| | | | | | |
| | | | | | |
| Part 12 | Sign Below | | | | |
| in co | wers are rive ally t | ankruptcy case can re | sult in fines up to \$250,6 | ment concealing n | d I declare under penalty of perjury that the roperty, or obtaining money or property by fraud nt for up to 20 years, or both. |
| D | ate / 0 / 25/16 | 6 | Date | | |
| Did y | ou attach addition | al pages to Your Stat | ement of Financial Affail | rs for Individuals Fi | ling for Bankruptcy (Official Form 107)? |
| | No Yes | | | | |
| | | pay someone who is | not an attorney to help y | you fill out bankrup | tcy forms? |
| □ N ☑ Y | | Veronica Eason | | | Attach the Bankruptcy Petition Preparer's Notice, |
| | , | | | | Declaration, and Signature (Official Form 119). |

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| Debtor 1 | Shantini | Omunique | Mullings |
|--|----------------------|----------------------------|-------------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E Case number (If known) | Bankruptcy Court for | r the: Northern District o | of Illinois |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| . For any creditors that you listed in Part 1 of Schedule D: (information below. | Creditors Who Have Claims Secured by Property (Offic | ial Form 106D), fill in the |
|---|--|--|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's name: | ☐ Surrender the property. | ☑ No |
| Description of | Retain the property and redeem it. | Yes |
| property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |
| Creditor's name: | ☐ Surrender the property. | |
| | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | No |
| name: | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | |
| | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | n visin harminal an include an in |
| name: | Retain the property and redeem it. | Yes |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | 00 |
| | Retain the property and [explain]: | |
| | | |

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| Describe your unexpired personal property leases | Will the lease be assumed? |
|--|--|
| essor's name: | ∡ No |
| escription of leased operty: | ☐ Yes |
| essor's name: | ₩ No |
| escription of leased openty: | Yes |
| ssor's name: | ₩ No |
| escription of leased operty: | Yes |
| ssor's name: | |
| scription of leased operty: | Yes |
| ssor's name: | ₩ No |
| scription of leased perty: | Yes |
| sor's name: | ₩ No |
| scription of leased perty: | ☐ Yes |
| sor's name: | The second secon |
| cription of leased perty: | Yes |
| | No. 1 is not be consistent on the property of the constraint of th |
| Sign Below | |